

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

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- No plasters necessary ■ Simple, once-daily application



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**Europe pharma
plans 'are not
DTC advertising'**

**Nurse prescribing
proposals set out**

**Action needed on
anti-psychotics rise**

**DoH generics
reforms threaten
pharmacy margins**

**Peak Pharmacy and
Tims & Parker
become one**



**What's hot in the
hygiene market**

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COMMENT

Community pharmacists have had a pretty rocky - and costly - time over the past two years in their dealings on generic medicines. First there was the "supply turbulence" (as the DoH delicately terms it) in 1999, followed by the statutory maximum price scheme imposed last August when the NHS felt it was paying above the odds for generic medicines. Laid on top of this confusing situation is the discount clawback which aims to tackle what the DoH sees as the lack of transparency in generic market prices. Just as some sort of order is returning to the market, the DoH is threatening to upset the apple cart again (see p28). While acknowledging pharmacists have "a good record of ensuring consistent and ready availability of product" it says that the market is opaque to the ultimate payer, the NHS, and that this is unacceptable. The DoH also says vertical integration has undermined pharmacies' ability to buy at best price from different suppliers and weakened the effect of the discount inquiry. From a contractor pharmacist's perspective there has always been a whiff of the NHS "wanting to have its cake and eat it" when it comes to medicines supply. It contracts the job out, bears no financial risk and expects a superb job at margins which have been squeezed until they squeak. Of the options for reform, competitive tendering for central purchasing and distribution is the most complicated and impractical. It would have major knock-on effects for manufacturers and wholesalers, and the competitive nature of the generics market itself in the longer term. The proposals to reform the reference-based scheme which operated before August 2000 would beef up the accuracy of price information, but impose a considerable administrative burden on suppliers, and empower the NHS to set margins at wholesaler level. So why not continue with the existing maximum price scheme? It is the simplest option, and provided the NHS makes a decent effort to set sensible price ceilings, keeps an important element of competition in the market. A more fundamental question, though, is whether state interference in a free market to the extent proposed by the DoH ever delivers an effective result.

No DTC advertising for Europe

Direct advertising of prescription drugs is not on the cards, says a European commissioner

Nurse prescribing set to grow

Proposals for nurse prescribing set out by the MCA
Lambeth outlook

Beverley Parkin looks at what the buzzwords in healthcare portend for the future of the NHS

Welsh National Assembly endorses pharmacy



Andrea Robinson has been elected chair of the RPSGB Welsh Executive

Chemex 2001

OK Vision to promote contact lens, and Day Lewis its Partnership programme



Personal hygiene

A fresh look at trends in this growth area -- what the hottest products are and how they work

RPSGB Statutory Committee

Uninsured pharmacist struck off despite cleaning up his practice

The aftermath of RPM

Pharmacies should concentrate on added value, a meeting of independent pharmacists has been told

OTC analgesic market contracts post-RPM

After an initial surge of demand, supermarkets have seen analgesic sales shrink, says IMS Health

DoH offers three options on generics

Pharmacy margins on generics could be wiped out under DoH proposals on reimbursement and supply

A new small multiple emerges

In a move described as a perfect geographical and structural fit, Peak and Tims & Parker are merging

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CMP



Pharmacist on antibiotic resistance group

A pharmacist has been appointed to the Government's new independent Specialist Advisory Committee on Antimicrobial Resistance (SACAR).

Dr Jonathan Cooke, director of pharmacy, Withington Hospital, Manchester, is among the 19 expert members appointed to the committee.

The committee, which met for the first time on July 26, was set up in response to the House of Lord's Select Committee's report on resistance to antibiotics, published in 1998. SACAR's role will be to "provide scientific advice to the Government on its strategy to minimise the morbidity and mortality due to antimicrobial resistant infection and maintain the effectiveness of antimicrobial agents in their medical, veterinary and agricultural use".

Flu jabs to target the over 65s this winter

The Department of Health has set a target of vaccinating at least 65 per cent of people aged over 65 against flu this winter.

A national publicity programme starting in late September or early October will also aim to increase uptake in those under 65 years in increased risk categories. Posters, leaflets and materials for health authorities will be supplied in August.

This year's strategy follows the success of last year's campaign which achieved a 65 per cent success rate. This year's campaign will run a little later to allow practices to have their flu programmes in place.

Publicity will stress to the public that the programme is delivered over a number of weeks to avoid unrealistic expectations of what can be achieved at the start of the campaign.

Moss to highlight alcohol problems

Moss Pharmacy is raising awareness of alcohol dependence as part of its medicine management campaign. A window poster and in-store leaflets sponsored by Merck Pharmaceuticals explain what alcohol dependence is, telltale signs of dependence and what can be done to overcome it. It is thought about 40,000 deaths per year could be alcohol-related, with a strong link between alcohol and suicide, depression and hypertension.

Consumer advertising not planned, says commissioner

A European commissioner has stressed that European plans to improve patient access to medicines information would not be "direct to consumer" advertising.

Announcing the European Commission's decision to review pharmaceutical legislation, Erkki Liikanen said the Commission would introduce a five-year pilot system focusing on three disease areas: HIV and AIDS, diabetes, and asthma. The scheme would aim to ensure availability of better information on authorised prescription drugs.

"This is not direct to consumer advertising," he said. "We are not introducing advertising of prescription drugs." Instead, he wants to see information made available when requested by patients or patient groups.

The three "test" disease areas have been selected as they are long-term and are "where there is a strong and specific patient demand for information". Mr Liikanen said the types of drugs used are consistent across Europe and it should be easy to monitor the results over the five years.

The measures are being brought in to address concerns that patients are accessing information supplied by companies outside Europe on the Internet. "The availability of information on non-EU websites in combination with the current ban in Europe on providing information to consumers has created a differentiation between patients who can go online and those who cannot, and a differentiation between those who understand American English and those who do not," said Mr Liikanen.

"Our proposal requires industry to follow a code of conduct which will be worked out by the Commission in co-operation with the industry, patients and the member states." The European Medicines Evaluation Agency, based in London, would monitor compliance.

Despite the assurance that the proposal would not be DTC advertising, the UK Consumers' Association remained critical, saying it was not appropriate for the pharmaceutical industry to provide the information.

"While the measures announced today may seem useful for sufferers of certain conditions, it's the thin end of the wedge for pharmaceutical companies who have been lobbying for greater freedom to advertise their drugs across the EU," a spokeswoman said.

However, the Patients' Association took a different stance, supporting the EC's decision to amend the rules to create better informed patients.

"We believe it is in the interest of all parties to have an open, transparent debate about the potential benefits and costs of the Commission's proposals," said PA director Mike Stone. "While the PA is not advocating US-style medicines advertising, we believe greater access to accurate information about medicines will reduce the number of undiagnosed conditions."

Public health minister Yvette Cooper said the proposals had yet to be formally adopted by the Commission, at which point the UK Government would examine them. The UK would want to consider the impact the proposals would have on the NHS and more widely.

The European OTC medicines manufacturers' association, AESGP, welcomed the proposals to abandon the "outdated" restrictions but called for legislative changes to allow better presentation of information in patient information leaflets.

A stronger market

Despite the focus on advertising, the proposals cover wider issues that deal with strengthening the European pharmaceutical market, while rationalising and simplifying the regulatory process.

One of the key aims will be to "reinforce the positive aspects" of the work of the EMEA. It wants to set up new committees dealing with herbal medicines and orphan drugs, and says it will be necessary to make homoeopathic medicines more available.

It also wants to speed up the scientific assessments for new drugs. This

would be done in three ways:

- having a fast track registration procedure for products of "significant therapeutic interest" and giving certain drugs top priority

- introducing a conditional marketing authorisation allowing authorisation "on the basis of sufficient, but perhaps not definitive scientific data". There would have to be an important expected health benefit and the company would have to undertake to perform additional monitoring and would be monitored annually

- promoting a system of making drugs available on a "compassionate use" basis in advance of authorisation. This will help to ensure that patients are not discriminated against on, for instance, the location of the clinical trials performed by a particular company."

It wants to give manufacturers a 10-year "patent" period across the board, but would allow generics manufacturers to conduct trials before patent expiry, so they could make a marketing authorisation the day after the innovator's drug patent expires. This might save generic companies up to two years in bringing products to market.

Reducing red tape would also mean the end of the five-year review period of the marketing authorisation. Instead, pharmacovigilance requirements would be stepped up, so that companies would be obliged to monitor and analyse all adverse drug reactions.

Overall, AESGP said the proposals were "a well-balanced approach to tackle inefficiencies in the current system and to prepare for an enlarged community market", but it was concerned that streamlining the mutual recognition process would require member states to be more explicit about reasons for rejecting an application.

Free prescriptions for under-25s in Wales raises cross-border anxiety

Free prescriptions for under-25s in Wales have caused concern at the Department of Health after complaints from pharmacists on the border that they are losing business.

Welsh Secretary Paul Murphy is also concerned at the cross-border trade but insists there is nothing he can do. He has told Alan Milburn, the Health Secretary, it is one of the consequences of devolution.

Health ministers are alarmed that young people are travelling across the

border to obtain free prescriptions. They are concerned that it is leaving pharmacists at a disadvantage in England, and could also lead to pressure to scrap charges in England.

A DoH source said: "This is the most regressive way of reducing prescription charges you can imagine. This is benefiting young people when they are usually at their most active economically. There are no plans to introduce free prescriptions for the under-25s in England."

Drug alert – Bonefos

Boehringer Ingelheim Ltd is recalling a batch of Bonefos Capsules (sodium cladrinate) 400mg, size 120, batch number 06473, that carries the Irish PA number: 7/47/1. Pocks from batch 06473 that carry the UK PL number 00015/0136 are not affected. The recall is because the Irish pocks' patient information leaflets do not contain all the warnings given on the UK package insert. The class 2 recall was issued on July 23. Further information is available from Boehringer Ingelheim customer services on 01344 741191.

Northern Ireland statistics

There were 2,095,455 items dispensed from 1,206,551 prescription forms in Northern Ireland in February. The ingredient cost was £21.96 million (£20.64m net). Discount was £1.328m, with ancast and other payments totalling £3.363m. The gross cost was £24.00m (£23.25m net). Gross cost per prescription was £11.4511 with ingredient cost £10.4795. The net ingredient cost per prescription was £9.8460.

Pharmacist joins cancer group

Dr Norman Lannigan, chief pharmacist at Lothian University Hospitals Trust and chairman of the Scottish steering group for the promotion of pharmaceutical clinical effectiveness in patients with cancer is a member of the strengthened Scottish Cancer Group, charged with implementing the Scottish cancer strategy as announced in C&D July 14, p4.

US medicine bar codes lobby

A call to standardise bar codes on medicines has been made in the US. Health organisations are asking the Food and Drug Administration and the US Pharmacopeia to work with the pharmaceutical industry to establish uniform "scannable" bar code standards to reduce drug administration errors.

Chronic fatigue booklet

A new edition of a booklet explaining chronic fatigue syndrome or myalgic encephalitis has been issued. The guide gives advice about the illness and its management. Copies are available priced £1, by sending a 6x9in SAE to: The Erskine Press, the Old Bakery, Bonham, Norwich NR16 2HW. Tel: 01953 887277.

Menopause website launched

Wyeth has launched a website www.menopausefacts.co.uk, to support women going through menopause. A section for health professionals is expected to go live at the end of September.

Lib-Dems call for better use of anti-psychotics

The Liberal Democrats are calling for better management of anti-psychotic drugs in care homes after prescribing in older people increased 70 per cent between 1999 and 2000.

Last year, community pharmacists dispensed 428,800 prescriptions for atypical anti-psychotics for people aged 60 and over, compared with 252,700 the previous year. There was a lower - 38 per cent - increase in prescriptions for 16-59 year olds (up from 486,900 items to 672,500 in 2000), giving rise to suggestions that staff shortages in residential and nursing homes are

leading to greater reliance on drugs.

More than one in three health authorities in England recorded an overall increase of more than 50 per cent in anti-psychotic prescriptions, while Bedfordshire reported the highest increase, of 119 per cent.

The figures were given last week in a Parliamentary written answer to a question from Paul Burstow, the Liberal Democrat spokesman for older people. He said the figures showed that care homes were turning to a "cocktail of drugs to keep people quiet and easier to manage".

The Liberal Democrats are proposing that there should be:

- an audit of drug use in care homes
- investment in specialist staff to manage and monitor use of anti-psychotics; this could include pharmacists
- new prescribing guidelines, in which anti-psychotics are seen as the last resort after "sensitive personal care and appropriate recreational activity".

The Party has the support of the Alzheimer's Society and Help the Aged. "Atypical anti-psychotics" are defined in the BNF 4.2.1.

Nurse prescribing proposals cover over 150 POMs

Proposals have been set out to modify the Prescription only Medicines (Human Use) to allow wider nurse prescribing.

In its consultation letter MLX 273 issued on July 19, the Medicines Control Agency listed the POMs it proposes independent nurse prescribers should be allowed to supply. It is also consulting on the range of antibiotics nurses could be allowed to prescribe, and proposing changes to the Misuse of Drugs Regulations 1985 to allow certain Schedule 4 and 5 drugs to be prescribed.

The definition of independent nurse prescriber is also given. These would be: "First level Registered Nurses who would undergo a three-month programme of preparation at

degree level. This will comprise around 25 taught days, plus additional self-directed learning as well as learning in practice with a prescribing mentor." Following this preparation, nurses would be assessed in both the theory and competence to practice.

The consultation ends on October 9, and the intention is to make changes to the POM Order by the end of the year. It follows the Government's announcement of May 4, which said that suitably trained independent nurse prescribers should be able to prescribe all Pharmacy and General Sales List medicines which are prescribable on the NHS (with the exception of those controlled under the Misuse of Drugs Act).

An expert group comprising repre-

sentatives of the nursing, medical and pharmacy professions has been set up to advise the Department of Health on the training programme.

The Government also suggested that nurses would be able to prescribe from a list of POMs to enable them to manage conditions in four treatment areas:

- minor ailments such as hay fever or acne
- minor injuries such as burns, cuts or sprains
- health promotion, such as vitamins in pregnancy
- palliative care.

As a result, the MCA has a list of 157 POMs it considers independent nurse prescribers should be allowed to prescribe. The list includes anti-infectives, hormonal contraceptives, NSAIDs and analgesics, antihistamines, topical and inhaled steroids, gastro-intestinal preparations and vaccines.

Three benzodiazepines are listed for use in palliative care, along with some lower strength Schedule 5 medicines. The MCA points out that their eventual inclusion in the list would require an amendment to the Misuse of Drugs Regulations to which the Home Office would have to agree.

The Committee on Safety of Medicines has recommended a list of oral antibiotics and indications that would be suitable for including in the legislative changes. However, the MCA has included a second list of all the oral antibiotics and indications the CSM considered, and on which the MCA is interested in comments in the light of considerations about antibiotic resistance.

Comments on the proposals should be sent to Mrs Anne Ryan, 16-142 MCA, Market Towers, 1 Nine Elms Lane, London SW8 5NQ.



Andrea Robinson, the new Welsh Executive chairman, being congratulated by outgoing chairman Colin Ranshaw

CHI review praises work of Norfolk pharmacists

The Commission for Health Improvement has singled out the work of pharmacists in Norfolk, in one of its first health authority reviews.

One example is a primary care group pharmacist who, hearing of a patient dying in another region from a methotrexate prescribing error, disseminated the lessons learned to other practices. This sparked an audit of the drug's prescribing and a review of prescribing practice. Another practice identified an unexpected toxicity to lithium, audited all patients on the drug and implemented changes in practice.

The report, a clinical governance review, says that clinical audit in Norfolk is not yet benefiting from a team-based approach, and doctors seem to dominate the audit agenda.

But on the positive side, Norfolk has the lowest rate of antibacterial prescribing in the region and 72 per cent of all prescriptions in the quarter to March 2000 were generic.

The report goes on to describe how a therapeutic advisory group gives pharmacy advice to the health authority. Advice about clinically effective medicines is relayed from this group to local practices, via pharmacists working at health authority and PCG level. One pharmacist holds monthly meetings with individual practices to discuss particular issues, such as the prescribing of expensive drugs. Another provides monthly feedback of prescribing data to practices in the PCG, anonymously so they can compare their performance.

The work of the health authority and PCGs is beginning to integrate with the broad clinical governance agenda, the report concludes. CHI

noted integration with clinical effectiveness, risk management and IT, but interviews with senior pharmacists suggested relatively weaker links with clinical audit.

All-party group is a great success

The All-party Pharmacy Group has proved extremely successful in its first 18 months, says chairman Howard Stote.

"Our work schedule... has been busier than that of many other all-party groups, and I believe that reflects the wealth of important issues that concern pharmacy," he says in the group's first report.

Since December 1999, the group has examined and reported on the provision of emergency hormonal contraception from community pharmacies, the benefits of medicines management by pharmacists, the role of pharmacists in helping the NHS cope with winter pressures, pharmacist prescribing, innovation in hospital pharmacy services, service developments in community pharmacy, and concordance in medicines taking and the need to reduce wasted medicines.

In each case, recommendations to health ministers have met with a positive response, he said. Dr Stote foresees a busy time ahead, addressing issues raised in the Government's pharmacy programme.

At a meeting of the APPG on July 12, Dr Stote was re-elected chairman and existing officers were re-appointed.

Future shock and the NHS

After the "future patient" comes the "future health worker".

Beverley Parkin, the RPSGB's director of public affairs, looks at where the debate on the future of the NHS is heading



New buzzwords are entering the lexicon of health politics. The "future patient" is joining "elected autonomy", "health factories", "private finance initiative" and many others. Unlike jargon, which can obscure meaning, the best buzzwords can be a helpful shorthand for new, often important, concepts.

For some of the hottest buzzwords of the day, look no further than the Institute for Public Policy Research (IPPR) – the think tank headed by former senior Labour Party campaign director, head of policy and then assistant general secretary, Matthew Taylor.

Just after the general election, the IPPR published a report on "Building Better Partnerships", a vote for money took on the Government's resolve to make more use of the private sector to improve public services. Interestingly, the IPPR remains unconvinced about the benefits of pursuing this controversial policy. But, at this stage, any analysis has to be speculative and there is still no clear picture of what public/private partnership models are most favoured. The way forward will depend on whether the Government's prime aim is to draw in more money for investing in, say, new hospitals, or to inject fresh ideas and ways of doing things into the institutions and culture of the NHS. The forthcoming Health Select Committee inquiry into the role of the private sector in the NHS will no doubt help shed light on the plans.

The IPPR recently launched another report – tellingly with a keynote speech from Alan Milburn – on the "future patient". This report suggests that improvements in healthcare delivery will not only require more resources, but also fundamental change in patients' attitudes and behaviour. Patients' relationship with the NHS will need to shift from consumer to citizen, bringing with it new responsibilities as well as rights. The thinking goes that, if patients consider their relationship with the NHS as consumers (of its largely free services), then the NHS will never be able to match resources to demand.

The patients of the future will demand more flexible, locally-tailored health services to meet their needs, backed by more information, and based on partnerships with their health professionals. For their part, patients will need to be prepared to help the NHS make best use of its resources, including by being prepared to accept new ways of being treated and cared for. These will include innovations such as NHS Direct and walk-in centres, as well as new roles for health professionals, including pharmacists.

The debate on concordance or partnership in medicines-taking has identified key challenge for pharmacists and other health professionals to accept responsibility for a professional/patient relationship that empowers patients and respects their choices. The IPPR agrees that pharmacists' expertise can help support patients in taking more responsibility for their own health and wellbeing by helping them to get information and advice to inform their own health decisions.

Nowadays, people get a lot of health information from informal sources: friend and family, the Internet, the media – and one day, perhaps, from direct promotion. Professionals need to recognise the importance and impact of such channels and support those "information poor" groups such as ethnic minorities, men, older patients and people from disadvantaged communities. With the proper encouragement and support, the pharmacy profession has the opportunity to pioneer new relationships with the public to support people in their medicine-taking and lifestyle choices.

And the next big concept? Listen out for a coming debate on the future health worker, a piece of work that the IPPR is planning that will look at the impact of unnecessary demarcation between health professionals, and at what kind of health worker the NHS will need to deliver the services of tomorrow.



The Edinburgh and Lothian branch of the Royal Pharmaceutical Society of Great Britain held a charity dinner and ball at the end of May, raising £1,200 for the Royal Blind Asylum and School. The event was hosted by the chairman of the branch Dorothy Anderson and attended by Christine Glover, then president of the RPSGB. Pictured at the dinner (from left) are Mr and Mrs Graeme MacBride, Kaye Devlin, Darin Martin and Dr Peter Worling.

Bolt on extras

Bournemouth, where the British Medical Association held its annual conference this month, is the resting place of Mary Shelley, creator of Frankenstein's monster. As a member of the medical fraternity, I attended the shindig, and while there was not a monster on every corner, there were quite a few bogeymen around.

Alan Milburn would have been lucky to escape without a wooden stake driven through his heart, if they could have found it. Reneging on the Government's promise to ban tobacco advertising did not go down well and could seriously damage his health on the next visit to his GP's surgery.

Workload was the biggest beast, so anything which improved the pitiful seven minute consultation was a big vote winner. Nowhere was this seen more clearly than in your average GP's relationship with the pharmacist. In one motion they called for the free dispensing by pharmacists of post-coital

"Alan Milburn would have been lucky to escape without a wooden stake driven through his heart"

contraceptives. This is from the organisation which once doubted the wisdom of pregnancy self-testing kits.

The decision to "allow" pharmacists to help address Britain's record for having the highest number of unwanted teenage pregnancies in the European Union came not so much from a fear of babies going boom as dread of the bedroom telephone ringing for another call-out.

It is becoming clear to GPs that their best chance of survival is to create a monster who will happily do some of their work without taking away the kudos, or the financial rewards.

Enter the chemist, who just happens to know a thing or two about mixing potions. Once seen as the bad guy with a predilection for pinching someone else's livelihood, the pharmacist has been transmogrified into a saviour.

The PAGB recently held a meeting on shifting "POMs to Ps": the impetus for change came from the Government which now recognises an NHS drug mountain when it trips over one. "POM to P" shifts will become as common as horror movies, but without the need for a lightning conductor, we hope.

Dr Ian Banks is a practising GP in Northern Ireland

Xrayser

Topical Reflections

A disturbing PCG perspective

My local primary care group has decided that there are problems around the prescribing and administration of medicines to patients in residential and nursing homes.

I understand that the subject was discussed at board level and it was agreed that a nurse should be employed to liaise with the staff and with those community pharmacists servicing the homes in order to identify particular problems and suggest improvements.

I also understand that the pharmacist on the PCG Board was unable to make a reasonable case for using pharmacists to undertake this work. When the use of pharmacists was discussed, the Board members were sympathetic to the principle but were unable to resolve the many administrative problems that this route involved.

Conflict of interest, fragmented delivery, outside interference and higher costs were all seen as serious disadvantages, whereas it was so much simpler to employ a single salaried individual, and who better than a nurse? A simple command structure, already a member of the homes team and much cheaper.

I do not know what the eventual outcome will be, but whatever the result, any possible contribution from community pharmacies will be negated by the perceived conflict of interest that ties remuneration to supply. Service improvements may be achieved but the effect on community pharmacists of any recommendations will be an irrelevant consideration.

The pharmacist's problems are not those of the PCG, and while the supply service remains efficient (assured by a competitive supply contract) any improvements made by the nurse's involvement will be seen as vindication of a system that still sees community pharmacists as peripheral players to a medical/nursing duopoly.

A consequence of fraud I don't like

Many years ago the test prescription



was scrapped in favour of selecting an already dispensed item, and soon after the whole sorry system was relegated to the lessons of history.

Now history may be turning full circle as this old role of the pharmacy inspectorate could be reintroduced stealthily by the Counter Fraud Directorate (*C&D* July 21, p6).

I have no problem with the Department of Health auditing point of dispensing exemption checks (with agreement from the Pharmaceutical Services Negotiating Committee), but I object strongly to that role being unilaterally extended to checking the probity of pharmacists in supplying exactly what was prescribed.

It is bad enough having the Consumers' Association threatening to send in mystery shoppers every time a medicine moves from POM to P, but the threat of a similar activity being undertaken by the DoH for dispensed medicines will make responsible professional practice unworkable.

The argument will revolve around fraud, but the consequences will reflect on professional integrity. That is an area that is the present prerogative of the Royal Pharmaceutical Society where it should remain.

I am perfectly happy to be held professionally accountable by my peers, but to be threatened by an

anonymous lay member of a government department without negotiation or agreement is totally unacceptable.

Feedback is good

I am always pleased to have my criticisms responded to positively, and nothing pleases me more than to learn that the new Steribottle is entirely recyclable (*C&D Letters*, July 21). The original full page advertisement (*C&D* June 30) omitted this important selling point so the clarification from Chris Maller, the chairman of Steri-bottle Ltd, is particularly welcome.

I now know that the Steri-bottle is fully recyclable through plastic disposal schemes where they exist, but therein lies another problem. Not all local authorities provide plastic recycling facilities, and even where they exist I suspect they are only used by the enthusiastic few.

My Authority does provide plastic disposal facilities but they are not easily accessible, and to busy mums, throwing away the bottle with the nappies and rubbish must be so much more tempting. But like Chris Maller I take my environmental responsibilities seriously so I will provide my own in-pharmacy disposal point where those busy mums will be able to easily dispose of the old Steri-bottles and, of course, their replacements at the same time.

Busy future ahead for RPSGB Welsh Executive

The Royal Pharmaceutical Society's Welsh Executive is preparing for a busy future.

Although it has responded to more than 30 health and social policy consultations issued by the National Assembly for Wales last year, Colin Ranshaw, outgoing chairman of the Executive, warned that its workload is unlikely to decrease in the future.

At the 25th annual general meeting, held in Cardiff last week, he explained how the Executive had participated, or nominated pharmacists to participate in, advisory and working groups including:

- the consultation on the strategic framework for promoting sexual health in Wales

- betterwales.com, the overall strategic plan of the NAFW

- the Prescribing Task and Finish group

- strategies for mental health service for Wales

- coronary heart disease and diabetes national service framework implementation plan for Wales and

- Improving health in Wales - a plan for the NHS with its partners.

Although the health plans and strategies for Wales are now being implemented, Mr Ranshaw said demands on the elected members and the Society's staff in Wales would probably continue to rise. He also gave an overview of the public relations and networking activities of the Executive during the year ended December 2000.

Since his election as chairman three years ago, explained Mr Ranshaw, changes for the Executive in Wales had included the first Society headquarters there and a full time professional secretary, Erica Barrie. He praised Ms Barrie for "walking the tightrope of representing and supporting the Executive while being managerially accountable to Lambeth".

The AGM was followed by the annual lecture "Medicines management - what is it? And does it present an opportunity for pharmacy to improve health in Wales?"

Professor James McElroy, president of the Pharmaceutical Society of Northern Ireland, presented a selection of studies that demonstrated how the increased involvement of pharmacists benefits patient care. Gavien Wynne Howells, chief pharmaceutical adviser to the NAFW, gave an overview of the opportunities available to pharmacists for implementing medicines management in Wales.

Pharmacy included in Welsh consultation on primary care

Pharmacy in Wales has received another endorsement from the National Assembly following the publication of its Primary Care strategy for consultation, *Improving Health in Wales - The Future of Primary Care*.

It says the future for pharmacy within primary care lies in its ability to make the best use of the complementary skills of the whole "Pharmacy Family" and includes:

- adopting a more strategic approach to medicines management
- closer working between GPs and community pharmacists to ensure that skills are used in a complementary and synergistic way

- closer working with social services and other healthcare professionals to support patients in domiciliary and care settings.

The strategy also proposes that Local Health Groups will set up Primary Care Resource Centres serving a population of about 50,000. These will provide services such as physiotherapy, chiropody and speech therapy, forming a link between primary and secondary care.

GPs and health authorities will receive grants to fund the improvement of premises and GP list sizes will be reduced. To encourage recruitment, the Assembly will offer £5,000 to every new GP in Wales.

At the launch of the strategy earlier this month Jane Hutt, Assembly health minister, said: "The aim of this strategy is to ensure that the relative under-development of primary care over the past 20 years is reversed. There will be systematic investment in staff development, capital projects and organisational development. We must and we will regenerate these vital services."

The full document can be downloaded at www.wales.gov.uk

Comments on the proposals should be sent to Mike Ponton, Health and Well-Being Strategy and Planning Team, National Assembly for Wales, Cathays Park, Cardiff CF10 3NQ by October 19.

Students shake off 'Cinderella' image

Scotland's chief pharmaceutical officer Bill Scott has described pharmacy as a "Cinderella profession". However, it is going to the ball, he said, referring to the increasing profile of pharmacy within the Scottish healthcare system.

Mr Scott was speaking at the Campus Pharmacy at Stirling University. He emphasised that pharmaceutical care had to be the way to go.

Newly-qualified pharmacists Noel Wicks and Jonathan Burton, both past presidents of the British Pharmaceutical Students Association, took over the pharmacy a year ago. They have expanded a number of special services directed towards students' welfare, in collaboration with the Student Health Service and the Students' Union.

Although demand for these services

tends to be mainly during University term time, the pharmacy also serves staff and visitors, who use residential facilities during vacations throughout the year.

Mr Wickes said that being close to the students in age and outlook meant it was easy to empathise with their needs. Travel medicine, sexual health and nutrition were all areas of particular concern to students. Campaigns to raise the awareness of testicular cancer and breast and cervical cancer were ongoing. A counselling room meant that students' concerns could be addressed in private.

Royal Pharmaceutical Society in Scotland chairman Alison Strath expressed her support for the way in which the two young pharmacy owners were practising the profession and wished them well in the future.



Noel Wicks (left) and Jonathan Burton discussing a student health initiative with Jill Orr, Stirling University Students Union women's welfare representative

Compulsory food labelling proposed

A new draft Directive will make it compulsory for manufacturers to list all foodstuff ingredients and to label allergens.

David Byrne, European Commissioner for Health and Consumer Protection, told a meeting in Paris on July 11 that the new proposal would abolish the 25 per cent labelling rule, which says it is not obligatory to label the components of ingredients that make up less than 25 per cent of a final food product.

He said he was committed to labelling which gave consumers full information about potential allergens in food and alcoholic drinks, after the Scientific Committee for Food decided the incidence of food allergy was sufficient cause for concern.

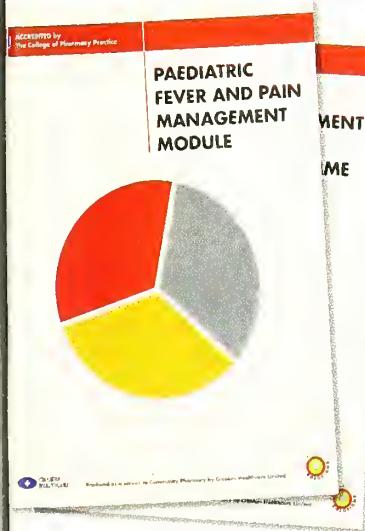
Sex health guide for pharmacists

A free sexual health guide for pharmacists will be available from Durex from the beginning of August.

Sexual health: Training Resource and Consultation Guide contains a range of information designed to help pharmacists before and during consultations for emergency hormonal contraception, including information on condoms, sexually-transmitted infections, guidelines on EHC from the Royal Pharmaceutical Society as well as key contacts.

Copies of the guide are available from Durex pharmacy sales support on 01565 625000.

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Now there's a new paediatric fever and pain module from the CPP accredited Pharmacy Solutions pain management training programme.

Do your pharmacy assistants know enough about fever and pain? They will after completing the award-winning Pharmacy Solutions programme.

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Accreditation by the College of Pharmacy Practice
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Medical matters



Sunflower oil may increase asthma in children

Health conscious parents who choose polyunsaturated oils and spreads may be contributing to the asthma epidemic in children.

A diet that is high in polyunsaturates, such as sunflower oils and spreads, seems to double the risk of asthma in pre-school children, according to a report in the medical magazine *Thorax*.

However, because a causal link has not been established, the authors of the study say that parents should not change their children's diets.

Pre-school children aged 3-5 years were included in the study. The researchers deliberately chose two rural cities in Australia - one with a humid climate near to the coast and one with a dry inland climate, to reflect different types of prevalent allergens.

Parents of almost 1,000 children completed a questionnaire, which included diet, illnesses including asthma, and whether the child had been breastfed. In addition, 650 of the children were given "skin prick" allergen tests to assess their response to common allergens such as house dust mite, egg, cow's milk and rye grass.

Around one in five children had asthma. Children who reacted to the skin prick test were 2.5 times as likely to have recent asthma as children who tested clear. Having a parent with asthma doubled the risk to the child and a serious respiratory infection before the age of two increased the risk by 93 per cent.

Being the fourth or later child in a large family and being breastfed conferred some protection.

But a diet high in polyunsaturated fat, equating to margarine (usually spread on bread) and foods regularly fried in polyunsaturated vegetable oils more than doubled the risk, accounting for 16 per cent of the cases studied.

The authors suggest that high consumption of polyunsaturated fat increases the levels of omega-6 fatty acid, which promotes the production of chemicals involved in inflammation. An increase in omega-6 means less omega-3 is present to inhibit inflammation.

The findings are likely to trigger further research.

Pharmacist prescribing fails to ease GP load

Patients who go to their GPs for some acute self-limiting health problems such as indigestion or thrush, could be managed effectively by their community pharmacist, according to researchers at the School of Pharmacy and Pharmaceutical Sciences and the National Primary Care Research and Development at the University of Manchester.

The project to discover whether such a scheme was worth taking further was funded from several sources including the Department of Health and the Royal Pharmaceutical Society.

The report in the *British Medical Journal* points out that such health problems are of widespread concern for the workload of general practitioners". In areas where a high proportion of the population gets free prescriptions, patients go to the doctor rather than paying over the counter.

The researchers selected a number of ailments - constipation, cough, diarrhoea, earache, hay fever, head lice,

headache, indigestion, nasal symptoms, sore throat and thrush - and tried out the scheme in one group practice.

Patients asking for an appointment with the GP for these conditions were offered a consultation at one of eight community pharmacies. The pharmacists prescribed from a limited formulary, and exempt patients were able to get the medicines free.

The trial ran for six months. Overall, 37.8 per cent of the combined consultations for the 12 conditions were transferred. Higher rates with head lice, indigestion, thrush and constipation were handled at the pharmacies.

The researchers conclude: "Management of some self-limiting conditions by community pharmacists is feasible, satisfactory, and acceptable to patients." But the object of the exercise was to cut the workload for GPs, and that did not happen. The GP workload did not fall. Now, researchers say more work is needed to discover why.

Latest Pills raise clot risk

Women taking the third generation contraceptive pills are at higher risk of blood clots than those taking the older second generation pills.

A study by researchers at the University of Utrecht, Netherlands in which research findings from 114 studies were pooled, supports the view that "third generation oral contraceptives are associated with an increased risk of venous thrombosis compared with second generation oral contraceptives".

The report in the *British Medical Journal* says women taking the third generation low dose pills have a 1.7 fold increased risk of venous clotting, the researchers found. Thrombosis in third generation pill users was 25 cases per 100,000 women, compared to 15 per 100,000 among users of older pills.

Although the risks are small, they should be considered when deciding which contraceptive pill to use, the authors say.

It is also stressed that women should not come off the pill and risk unwanted pregnancies. If they are worried, they should seek medical

advice on switching to a different brand.

The debate about third generation pills began in October 1995, when scientists first warned that women taking them were at greater risk of developing blood clots in the deep veins of the legs or pelvis. At the time, many women simply quit the pill and there was a rise in unwanted pregnancies.

Dr Ale Algra, associate professor at the University Medical Centre, Utrecht, said: "The risk is highest in first time users." He urged women not to stop taking the pill, adding that the risk from blood clots in pregnancy is higher than that from taking the newer type of pill.

The authors calculated that four deaths per million women could be prevented by switching from third to second generation products.

In an accompanying commentary, Prof J O Drife of Leeds General Infirmary points out that the death risk associated with pregnancy is "at least a hundred times higher" than the death risk from the third generation pill.

IN BRIEF

Sorbid discontinued

AstraZeneca has discontinued both strengths of Sorbid SA after it was found to fail more stringent shelf-life specifications on stability, which were laid down by the International Conference on Harmonisation Guidelines. The company has informed the Defective Medicines Report Centre (DMRC). The DMRC says there is no serious public health concern and is allowing stock already released for sale to be exhausted. Stock should not be returned to Astro Zeneca for credit. For more information phone medical information on 0800 783 0033.

AstroZeneca UK Ltd.
Tel: 01923 266191.

Neo-Cortef still o/s

Despite a worldwide search Dominion Pharma says it has been unable to find an alternative source of sterile hydrocortisone acetate. As a result Neo-Cortef eye/ear drops and ointment are likely to be out of stock until late 2002. The company says it has no intention of discontinuing the products. Call customer services with further enquiries (01428 661078).

Dominion Pharma.
Tel 01428 661078.

European licence for Ceprotin

Baxter International Inc's Ceprotin - protein C concentrate - has been licensed by the European Medicines Evaluation Agency, for use as a replacement therapy for people suffering from life-threatening blood clotting complications related to severe congenital protein C deficiency.

Protein C is a component in human plasma that regulates the coagulation system and prevents thrombosis.

The hereditary condition affects one in 200,000 births and often goes undiagnosed. It can cause blindness, brain damage and multi-organ failure.

Currently, there is no ideal alternative to specific protein C replacement therapy. Protein C may be replaced with fresh frozen plasma, which involves very large volumes and can result in fluid overload. And oral anti-coagulation and other treatment approaches are associated with risk of bleeding and inadequate control.

Diflucon One. Thrush nil.

Fast, effective oral treatment of vaginal thrush in one capsule. £12.50



You win.

You win because your customers will thank you for recommending Diflucon One. It's the one you recommended because it's the fast, effective one capsule oral treatment.

Even more customers will be thanking you soon.

We're spending nearly £2 million on advertising throughout 2001. Our campaign in women's magazines will continue to reflect the cool silver and blue of our pack.

Thanks to you, Diflucon One is the biggest single thrush treatment you have. Thanks to you, everyone is a winner.



Diflucon™ One (fluconazole) **Presentation:** Capsule containing 150 mg fluconazole. **Indication and dosage:** Vaginal candidiasis. Adults (16-60 years): one oral capsule. **Contra-indications:** Hypersensitivity; co-administration of terfenadine, cisapride. **Warnings:** Adequate contraception necessary; not recommended whilst breast-feeding. Consult your doctor before taking if you have jaundice or other chronic illnesses. **Interactions:** Relevance to single-dose use not yet established. Anticoagulants, oestrimazole, cisapride, cyclosporin, diuretics, oral sulphonylureas, phenytoin, rifampicin, ritonavir, terfenadine, theophylline, zidovudine. **Side-effects:** Nausea, abdominal discomfort, diarrhoea, headache, rash and rarely anaphylaxis. **Legal category:** P. **Package quantity and price:** 150 mg capsule, £7.12. **Product licence number and holder:** PL1906/0017, Pfizer Consumer Healthcare, Chestnut Avenue, Eastleigh, Hampshire SO53 3ZQ. **Date of preparation:** 2000-09-01.

*IR data Dec 2000. Thrush Advice Bureau 020 7285 5520. www.thrushadvice.org

Counterpoints

Virtual skincare from Condomi

Condomi is launching a new range of "virtual skincare" biodegradable condoms.

The new range contains:

- Sensation - extra thin and specially lubricated, retailing at £2.99 for a three pack and £8.99 for 12.
- Stimulation - studded; £3.29 for three and £9.89 for 12.
- Supersafe - lubricated with a contact spermicide; £2.29 for three and £7.19 for 12.
- Premium - "for extra style" with rsp £2.59 for 3 and £8.09 for 12.
- Mix - containing Sensation, Stimulation and Premium condoms at £2.99 for three and £8.99 for 12.

Condomi is supporting the launch with a £1.5 million promotional

campaign. This will include advertising in city phone boxes, as well as a promotional campaign through radio and the national press.

Condomi claims to be the largest manufacturer of condoms in Europe. Its lines have been available in UK family planning clinics for over two years. The company recently received an award from the readers of *Vegan Magazine* as it is believed to be the only



brand in the UK suitable for vegans.

Condomi condoms are available from the major wholesalers. Further details are available from Condomi on www.condomi.com



3M's first aid exclusive for independents

3M Health Care has designed a compact first aid kit exclusively for the independent pharmacy sector.

The kit, which is slightly bigger than a family pack of plasters, contains Micropore tape and Steri-Strip skin closures, as well as gauze, wipes and plasters from the Nexcare first aid range.

3M Health Care believes that consumers will purchase the set as a second first aid kit for use out of the home. The launch is being supported by a PR campaign in the regional press.

Retail price is £4.99.
3M Health Care.
Tel: 01509 613171.

Australian Bodycare on TV

Australian Bodycare is running its first-ever television commercial next month, promoting its Tea Tree Oil range.

The 30-second advert will run in the London Weekend TV region and overlap areas between August 10-19. Highlighting the natural benefits of tea tree oil, the ad will target women aged 25-45 years and has an estimated target audience of 11 million viewers.

Australian Bodycare
Tel: 01892 750888.

AAH is Going Places with its Vantage summer promotion

AAH Pharmaceuticals has teamed up with holiday company Going Places to give Vantage members the chance to maximise seasonal footfall and sales via a local marketing campaign.

The campaign is launched this month and runs until October: pharmacy customers will be encouraged to visit their local Vantage store to collect one of a limited supply of free "goodie bags" containing holiday essentials.

In addition shoppers will have the chance to enter a prize draw to win holiday prizes from a pool of five



The Meditimer is an electronic medication reminder designed primarily for the elderly but suitable for anyone who has to take regular medication.

The manufacturer, Tempatron, says it is simple to set up and use. The correct time and date are received and updated automatically. A built-in radio receiver picks up a signal from the National Physics Laboratory. A manual override can be used in areas of poor reception.

Meditimer has large operating buttons which can be used to set

the dosage alarms in only three steps. It comes pre-set with a "four times a day" dosage regime.

At medication time, an alarm sounds and the display flashes. The alarm cycle lasts for seven minutes if not silenced. If the batteries run low a symbol flashes and the alarm beeps.

Meditimer is supplied with a storage tray sized to suit most popular types of daily medication planner. The recommended retail price is £24.99.

Tempatron Ltd.
Tel: 0118931 4062.

£500 holiday vouchers, 500 disposable cameras or 1,000 beach balls.

As an additional incentive Going Places is also offering a 23 per cent discount for Vantage consumers on all of its holidays if they are booked via a dedicated hotline, 0870 161 6141.

Support materials will be distributed to Vantage members, and direct mail leaflet will be distributed to more than 2.5 million homes in strategic areas countrywide.

AAH Pharmaceuticals.
Tel: 024 7643 2000.

Let's get physical

Pharmacies are currently missing out on the fast-growing sports nutrition market. Sales of active nutrition products in the UK are mainly through healthfood shops, multiple leisure groups and direct mail.

Nutricia estimates that the UK sports nutrition market (including sports drinks like Lucozade) is currently worth around £100 million and growing at a yearly rate of 15 per cent.

James O'Byrne, sports nutrition development manager for Nutricia, says: "This is one of the fastest growing sectors in the healthfood/nutrition market and it is the fastest growing sector in the VMS market."

He predicts that the growth of the UK sports nutrition market will follow a similar pattern to the US where convenience nutrition has exploded in stores like Wal-Mart in the last 18 months.

Nutritional drinks account for the lion's share of the US market, growing at 8 per cent, while nutritional bars are the fastest growing category with 48 per cent growth (IRI SMR total US May 2000).

In the UK, retailers like Boots and Sainsbury's are known to be interested in developing the active nutrition sector.

If it follows the UK model, the UK market will expand to £200m within the next five years, Mr O'Byrne predicts.

"This market is being driven by the level of obesity and a growing interest in healthy lifestyles. People are conscious that they are not eating healthily enough," he said.

"The UK has seen an increase in gym and sport club memberships and in the popularity of health and fitness magazines."

"Sports nutrition is a misunderstood area - retailers tend to think it is for body builders, but the reality is that these products are suitable for people with active lifestyles."

"Around 10 per cent of the population are involved in taking some form of regular physical exercise ranging from hill walking at weekends through to professional athletics."

"Convenience nutrition appeals to both sexes (young and old) and has brought men aged 18-35 into the healthfood area."

In the UK, people are familiar with energy-based drinks (notably Lucozade). GSK now promotes

Lucozade as a sport nutrition drink rather than as a tonic for convalescing.

Wider availability

The UK only has limited availability of sports nutrition products in comparison to the US. However, several manufacturers have recently invested in US sports nutrition products suitable for the mass market.

Nestle brought the US PowerBar brand in two years ago and is now selling it through Holland & Barratt and specialist sports retailers. Nestle says it plans to increase the distribution of this brand in the UK.

The PowerBar range includes specialist sports products like Performance Bar (a pre-training product containing carbohydrates, vitamins and amino acids) and Power Gel - a pure carbohydrate product for use during training.

The range also incorporates PowerBar Harvest Bar - an energy bar designed to offer "a healthy snack for a strenuous day or after a hard workout".

Nutricia now owns the US sports nutrition brand Met-RX and is the official UK distributor for the American EAS range of performance nutrition products for active lifestyles.

The company has recently introduced Myoplex Ready-to-Drink Nutrition Shake from the EAS range into UK pharmacies (C&D June 30, p12).

Formulated to help maintain an active lifestyle, Myoplex contains protein, carbohydrates and a wide range of vitamins, minerals and other micronutrients.

Nutricia also has plans to introduce sports nutrition bars into pharmacies. The company already markets Met-RX cereal-based bars in healthfood stores.

"The pharmacy sector can benefit from this exciting area of growth," said Mr O'Byrne. "Ideally, active nutrition products should be merchandised next to VMS products promoting a 'good living' sector in the pharmacy."

Pharmacies can benefit from sales with other pharmacy products like sports supports, muscle rubs, multivitamins. Mr Byrne suggested

Say Yes to weight loss with high protein

Yes is a high protein food replacement weight loss programme by Distrisafe.

It works on a meal replacement basis and is presented in bright packaging, with each box containing six sachets of high protein meals.

Initially 14 different flavours will be available, and new products will be introduced every two months, says Distrisafe.

Menu choices include cappuccino and chocolate drinks, three varieties of soup, three types of omelette, three fruit mousses and three desserts. Fresh vegetables can be introduced in week one, and other fresh foods in subsequent weeks. The diet regime is explained in an enclosed leaflet.

Yes, which is stocked by Enterprise and AAH, costs £8.95 per box of six 21g meal sachets. Each sachet is enriched with vitamins and minerals to provide 10 per cent of the recommended daily amount.

Distrisafe Ltd.
Tel: 01233 650345.



UniChem gets fruity with zesty bodywash

UniChem is launching value-for-money bodywashes into its own-brand range.

UniChem's bodywash is available in three zesty fragrances - grapefruit, orange and lime.

A launch promotion will offer the product at a special retail price of £0.99 during August. The normal retail price will be £1.49.

The range is available as discounted splits to Counter Attack members, enabling pharmacists to respond to varied customer demand without



committing to large quantities of stockholding.

UniChem Ltd.
Tel: 020 8391 2323.

ON TV NEXT WEEK

Anadin Ultra: All areas

Aqua Protect plasters: All areas

Canesten Once: TT, C4, Sat

Clearblue Pregnancy Test: STV, HTV, TT

Daktarin Gold: C4, C5, ITV, Sat

Imodium: All areas + C5

Listerine: All areas

Lloydspharmacy: C, W

Magicool: B, G, Y, M, TT, GMTV

Nurofen for children: C, CAR, C4, C5, GMTV, Sat

Odor Eaters: All areas

Panadol: U

Regaine: Sat

Scholl: C, CAR, W, U

Sensodyne toothpaste: All areas

Witch Skincare: All areas

Pharmasite for next week: Yariba - Window, Vizualize - In-store,

Canesten Once - Dispensary

A Anglia, **B** Border, **C** Central, **C4** Channel 4, **C5** Channel 5, **CAR** Carlton, **CTV** Channel Islands, **G** Granada, **GMTV** Breakfast Television, **GTV** Grampian, **HTV** Wales & West, **LWT** London Weekend, **M** Meridian, **Sat** Satellite, **STV** Scotland (central), **TT** Tyne Tees, **U** Ulster, **W** Westcountry, **Y** Yorkshire



Visitors to the OK Vision stand at Chemex 2001 have the chance to look forward to a new source of profit.

The company was set up by practising optometrists Neil and David Hershman to enable independent pharmacists to supply their customers with contact lenses.

Retired pharmacist Norman Freedman, who is a consultant to the company, said OK Vision offers a new opportunity to pharmacists who are anxious to expand their range of services and compete for a slice of the UK contact lens market, which the company says is worth around £120 million.

"The company offers benefits to both customers and pharmacists," he said. "Compared with prices charged by high street opticians, patients should be able to save 20-30 per cent

OK Vision sees clear profits ahead for pharmacists

on the cost of their contact lenses. The pharmacist will benefit from increased footfall in the pharmacy as well as receiving a commission of 8 per cent on daily disposable lenses and 10 per cent on all other lens sales.

In addition, there will be the add-on sales of contact lens solutions, which can be ordered from the pharmacist's usual wholesaler."

Pharmacists will simply supply the lenses and they will not be expected to give any professional advice to patients other than the normal advice on caring for lenses and general eye health matters which is a part of their everyday working life.

"Supplies of lenses made in this

manner will not conflict with the new RPSGB Code of Ethics," said Mr Freedman. "OK Vision will be the supplier, with the pharmacist acting as an agent of the company."

When a patient has had a lens consultation and fitting with a practitioner, the practitioner is legally obliged to give the patient a copy of his or her prescription. The patient is then free to buy fresh supplies of lenses from any qualified supplier.

When the patient presents a prescription at the pharmacy, the pharmacist fills out an order form and posts it, with a copy of the prescription, to OK Vision at Clerkenwell in London. The prescription is checked by an

optometrist, then the order is processed and sent by courier to the pharmacy within 72 hours.

Mr Freedman said the company was keen to establish itself as a supplier of contact lenses first and the introduction of additional products, such as contact lens solutions, would come later.

"We want to be seen as a contact lens company which sells solutions rather than a solutions company which also supplies lenses," he said.

A freephone number - 0800 085 7202 - offers information for pharmacists and customers.

OK Vision Ltd.
Stand No E60.

Last few stands left...

Exhibitors are competing for the last few stands available at Chemex 2001, says exhibition manager David Morgan.

"The show is almost sold out already, with only a few stands still available. But even those who have left it until now to book space will not be disappointed because the exhibition halls at ExCeL are built without pillars so every stand has a good position," he said.

"I am delighted to see so many of the most successful and influential companies in pharmacy keen to take part in the country's biggest pharmacy trade exhibition.

"I am also pleased with the number of visitors who have pre-registered, which is considerably higher than at this time last year. The feedback from exhibitors and pharmacists tells us that Chemex 2001 is an irresistible combination, offering the best in phar-



macy in a stunning new location with excellent transport links to all parts of the country."

Also taking place at ExCeL on September 9 and 10 is Professional Nails & Beauty London 2001 and David Morgan has arranged for reciprocal entry to the two shows, so visitors to the nail show will have the chance to visit Chemex and vice versa.

NOTICE

Dimotane Co Cough Medicine

A batch of Dimotane Co Cough Medicine has been identified as having a minor labelling error. The error occurs on the bottle label, in the paragraph listing the excipients, the product is incorrectly referred to as "Dimotane Co Paediatric", rather than "Dimotane Co." The rest of the label, including the dosage instructions, and the carton and leaflet, are correct. The Dimotane Co formulation has been upgraded to improve the taste, however the active ingredients remain unchanged. Pharmacists are requested to contact their local Whitehall representative or return any packs of batch 63392 to their wholesalers for a full refund. Whitehall Laboratories apologise for any inconvenience caused.

Whitehall Laboratories Ltd
18th July 2001
* Trade Mark



King of Shaves aims to rule women's market

King of Shaves, which claims to be the UK number two brand in value terms, is showcasing its new women's range at Chemex.

The company was launched in 1993 when founder Will King created King of Shaves Original shaving oil after suffering razor burn with conventional products. Since then it has expanded its shaving and skincare product range and has now added King of Shaves Woman.

The new range comprises three products - an Express Shaving Spritz, cooling Shaving Gel and soothing Shaving Oil.

Express Shaving Spritz, which can be used in the shower or bath, contains essential oils of geranium, juniper and grapefruit as well as vitamin E and sweet almond oil.

Cooling Shaving Gel, has essential oils of peppermint, tea tree and camomile as well as vitamin E and allantoin for skin conditioning and long lasting moisturisation.

Soothing Shaving Oil contains camomile, lavender and Rosemary essential oils, with vitamin E and aloe vera.

King of Shaves
Stand No A32.

Day Lewis makes a bigger impact

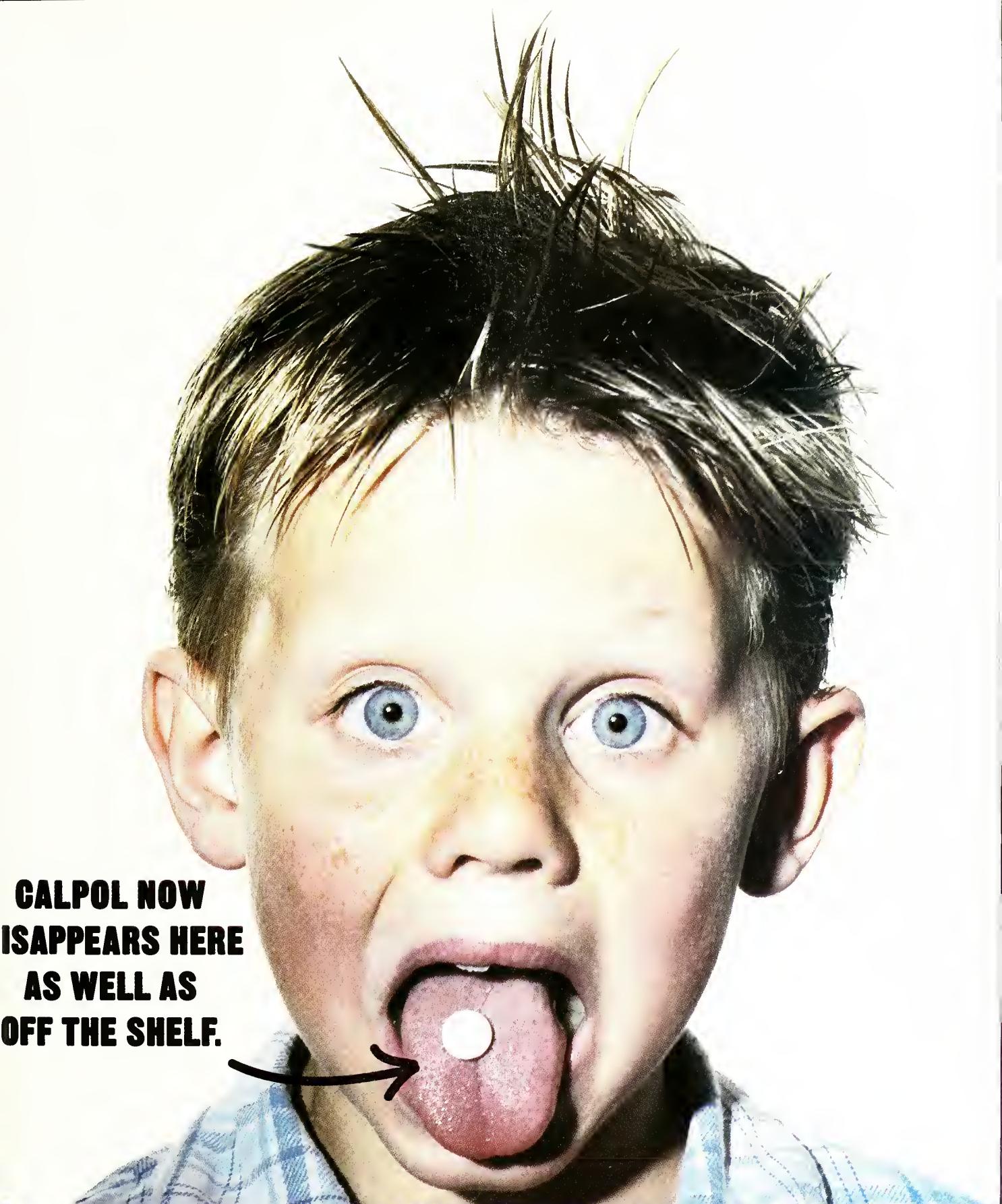
The Doy Lewis Group is increasing the size of its stand at Chemex. The company originally booked 48sq m of space, but has now switched to a 76sq m stand on the main walkway - one of the first stands to be seen by visitors as they enter the exhibition hall. The company is keen to make a splash at the show - offering visitors the chance to sign up to a partnership initiative and sharing the company's concept of the pharmacy for the 21st century. The new Day Lewis Partnership, says the company's chief executive officer, Kirit Patel, is more than just a buying group which offers economies of scale. Members will have access to a wide range of benefits, including category management, business and professional development and financial services. The model store concept is being developed in conjunction with Roppe Designs shopfitters.

Doy Lewis Group
Stand No B31.

Have you registered yet?

Visitors to Chemex 2001 can register in three ways:

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Sniff out the latest

Personal hygiene is a hot topic in summer. Sarah Purcell looks at depilatories and other products available to keep your customers fresh and sweet

With the arrival of summer you're likely to see a sharp increase in sales of hair removal products, but with more choice available every year and each new product promising the smoothest results ever, selecting the right

product can be a confusing business. In this article, we guide you through the maze of depilatory options so that you'll be well-equipped to give up-to-date advice.

Wet shaving

These days women have no excuse for relying on their partner's blunt razor - there's a good choice of razors

specially designed for female contours, making shaving a far less hazardous business. This is still the most popular method among British women, and around 90 per cent choose it at least some of the time.

For the smoothest shave, recommend razors with a lubricating strip and combine with a moisturising shaving gel.



Depilation fact file

- Hair grows at the rate of about 12mm a month, but each area of hair has an optimum length - so the hair on your legs will never grow as long as the hair on your head.
- Women spend an average of two weeks of their lives removing body hair.
- There are between 90,000 and 150,000 hair follicles on the human body.
- While British women prefer shaving, the Spanish are more likely to choose waxing and the French go for depilatory creams.
- The toughest hair to depilate is red hair, while fair hair is the easiest as it's finest.
- Hair grows faster in the summer months as growth is stimulated by warm weather.
- Some 95 per cent of British women aged 16-45 remove body hair.
- Over 20 million women in the UK remove hair.
- 74 per cent of women choose wet shaving, 17 per cent dry shave and 11 per cent use creams or waxes.
- The hair removal market has grown by 21 per cent over the last two years, and is worth around £120 million, according to Gillette.
- The female razors and blades market is worth £33.9m, according to Wilkinson Sword.

- Best for: legs and underarms.
- Lasts: one to two days.
- Advantages: quick and easy.
- Disadvantages: stubble regrowth after just one day.

Top tips

- Soak in a bath or shower to soften hairs first.
- Use foam or gel for a smoother shave and to prevent nicks.
- Rinse razor regularly as you shave, to stop it getting clogged up.
- Moisturise legs after shaving, to prevent dryness.

Power shaving

The new wet or dry shavers that can be used in the bath or shower have revolutionised this market, giving results comparable to manual razors. They can be used on sensitive areas like the bikini line, as well as legs and underarms.

- Best for: legs, underarms and the bikini line.
- Results last: one to two days.
- Pros: quick and easy.
- Cons: initial outlay can be expensive.

Continued on P17



Wilkinson Sword has updated the Lady Protector Plus razor this summer

→Continued from P17

Top tips:

- Hold skin tight as you shave.
- Moisturise skin afterwards to prevent dryness.

Dépilatory creams

These contain chemicals to dissolve the hair just below the skin's surface,

so results last longer than with shaving. It can be a messy process, but product advances such as roll-on applicators and shower-off formulations have made big improvements. The formulations also smell much more pleasant than they used to and there are variants for sensitive skin too.

- Best for: any area of body, including face.
- Results last: five to seven days.
- Pros: leaves skin very smooth.
- Cons: can be messy.

Top tips:

- Do a patch test first to exclude allergic reactions to the product.
- It's important to follow instructions carefully - leaving the product on for longer than recommended will result in red, irritated skin.

Waxing

Once confined to salons, all types of waxing kits are now available for home use, so in theory, salon-smooth skin is possible at a fraction of the cost. The biggest advantage of waxing is that the results can last up to six weeks, so while it's more fiddly and time-consuming than other methods, it can be less hassle in the end. Cold wax strips are best for fine hair only, while the warm wax kits, which either heat up electrically or in a pot you warm up in the microwave, work

well on coarse hair. The latest waxing kits are water soluble, the skin is not sticky after use.

Although waxing can be uncomfortable at first, this improves with practice and regrowth is softer and finer over time.

- Best for: legs, bikini line and face.
- Results last: up to six weeks.
- Pros: long lasting results.
- Cons: takes practice and may be uncomfortable at first.

Top tips:

- Wait until hair is 5mm long before waxing, or choose one of the new "short hair" formulations, which remove hairs of just 2mm.
- Skin needs to be clean and dry - smoothing on a layer of talc helps.
- Using a loofah or body brush between treatments will prevent ingrowing hairs.

- Remove strips quickly and against hair growth direction.
- Saunas, hot baths or sunbathing should be avoided immediately before or after waxing to avoid skin irritation.
- Waxing shouldn't be used by diabetics or people with skin complaints such as eczema.

Sugaring

Used by women in the Middle East for centuries, sugaring is similar to waxing, but more suitable for

sensitive skin. A mixture of sugar, water and lemon juice is traditionally rolled into a ball, pressed onto skin, then whisked off to remove hairs. The home kits are used like warm wax, applied to the skin with a spatula and then removed with cloth strips.

- Best for: all areas of body.
- Results last: up to six weeks.
- Pros: good for sensitive skin.
- Cons: can be sticky and uncomfortable.

Top tips:

- Make sure skin is dry first.
- Remove hair against direction of growth.

Epilating

This works by pulling hair out from the roots with the same long-lasting effects as waxing. Rotating discs move across the skin and trap hair, pulling them out as it goes. These used to be quite painful to use, but the newest versions are improved and with practice discomfort is minimal.

- Best for: legs.
- Results last: up to six weeks.
- Pros: long lasting.
- Cons: can be painful and costly.

Top tips:

- Pull skin tight and work in small circular motions.
- Don't use just before swimming or sunbathing as it will irritate skin.

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New
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Nutrini

Changes to the Nutrini range of enteral feeds

- Minor reformulations to comply with the EC Directive
- Nutrini Fibre renamed Nutrini Multi Fibre



Bleaching

This disguises rather than removes hair and is good for small areas such as the face and above the upper lip.

- Best for: face.
- Results last: two to three weeks.
- Pros: regrowth is gradual.
- Cons: not suitable for darker skins.

Top tips:

- Do a patch test first to check for any allergic reactions.
- Don't leave bleach on longer than recommended as it can irritate skin.

On the depilatory front

Lady Protector Wilkinson Sword has updated the Lady Protector Plus razor.

A new Aquaglide strip contains aloe vera and vitamin E for a smoother shave while moisturising skin. The razor now includes a shower holder which attaches to the shower wall. The razor handle now includes antibacterials. The Lady Protector Helpline, launched last year, will continue this summer on 0700-474474, giving advice on all aspects of hair removal. A special promotion from July to September is a Ministry of Sound Rucksack containing a Lady Protector Plus razor, shaving mousse, a CD and mini version of Ministry magazine for £7.99.

Venus razor The Venus razor, from

Gillette, is designed to give a closer, longer lasting shave for women in just one stroke, thanks to the triple blade razor. Gillette has invested £206m in the razor, which adapts to whatever part of her body a woman is shaving. It has an oval shaped cartridge to reduce nicks and cuts, spring-mounted blades for a closer shave, soft cushioning around each blade to smooth skin while shaving, and a lubricating strip to protect skin. A £10m support campaign will focus on television advertising.

Aquasystem Warm Wax New to the Immac range is the Aquasystem Warm Wax roll-on, which has a revolutionary heating system that allows the wax to be heated using hot water from the tap. Refills are available. Also new is Immac Warm Wax with Green Tea Extracts, with soothing and revitalising properties to leave skin refreshed and invigorated. A new Perfect Touch spatula has been designed for the Immac cream products, ensuring more effective hair removal.

Silk Epil epilator Braun has added a new feature to its Silk Epil epilator - a cooling glove that will reduce discomfort and skin irritation. The glove cools the skin before epilation, which lessens the temporary red spotting and itching which can occur after epilation. The glove is available

with the Silk Epil sensitive skin set.

A consumer survey carried out on behalf of Braun comparing Silk Epil with other epilators found that 78 per cent of testers found Silk Epil the most comfortable to use.

Nair 3 in 1 The Nair range has been extended with the launch of two products. Nair 3 in 1 Hair Remover contains a new formulation that exfoliates and moisturises skin as well as removes hair. It contains green tea extract, a powerful antioxidant, and sunflower seed oil, an emollient.

Nair 5 Minute Hair Remover has been designed to leave skin fuzz-free in just five minutes. It has a fruity raspberry fragrance to mask the chemical odour.

The Remington Smooth & Silky women's shaver uses the men's Microscreen Intercept shaving system which has been adapted for women. It also has a new body contour hair removal system for a closer shave.

There are three models available - the WDF5000 (£37.99) features hypoallergenic 24K gold plating, so is ideal for those with sensitive skin; the WDF3000 (£29.99) and the WDF1000 (£19.99) feature two foils and one trimmer. The WDF5000 and 3000 are rechargeable and the WDF1000 is battery operated. All can be used wet or dry.

Continued on P20 →



In a consumer study 78 per cent of testers found the Braun Silk Epil the most comfortable epilator to use

New nutritious drinks for 1-6

The Fortini range - nutritionally complete supplements for 1-6 years

- Fortini Multi Fibre is available in four delicious flavours
- Fortini is available in two flavours

NUTRICIA CLINICAL care

Fortini Vanilla flavour
Multi Fibre Banana flavour

High energy, nutrient dense drink
for children aged 1-6 years.
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Heading for the relaxation zone

Watch any of the TV makeover shows or flick through an interiors magazine and you'll notice that today's aspirational bathrooms are much more than just somewhere to have a wash. These days the bathroom has become a relaxation zone where you can meditate, pamper and wash away daily stress.

The healing power of a warm bath has long been recognised and experts today believe it has mental as well as physical health benefits. Bath and shower products that are luxurious, indulgent and aid relaxation continue to enjoy good sales - the Radox brand saw sales rise by 21 per cent last year. Aromatherapy-based products continue to be popular too, with many bath and shower products containing essential oils to revitalise, calm and soothe, depending on your mood. "Among the most popular are lavender to soothe; comfort and relax the mind; eucalyptus to clear, stimulate and uplift; and ylang ylang to balance, harmonise and calm," says Julie Baker, marketing director at Sara Lee.

Consumers expect more than a product that cleans and smells nice - skincare benefits are essential too. Products are enriched with lipids and vitamins to prevent skin drying out after washing. And we're prepared to pay more to get what we want, trading up from an average of £1.62 for a simple shower gel to £2.97 for a bodywash with extra benefits.

Market researcher Mintel backs up this trend, with growth of bath and shower products up by 20 per cent over the last five years, and traditional bar soaps in decline. Use of shower products has increased too, with 63 per cent of men now using them compared with 54 per cent in 1996, and 59 per cent of women compared with 49 per cent in 1996. "As consumers become more knowledgeable about skincare ingredients and technology claims in facial products, bathcare manufacturers are starting to incorporate more sophisticated skincare claims in their products," says Mintel. "This means more than just adding moisturisers - skincare technology is being applied to provide long-lasting moisturisation and even help minimise signs of

ageing." We're seeing products enriched with ceramides, anti-oxidants and vitamins to care for skin.

Pharmacy advice

So what can pharmacies do to get in on the act? Sara Lee has the following advice:

- Give customers choice but avoid causing "range blindness" by stocking too many lines.
- The sectors driving growth are body washes and liquid soaps, so ensure you stock a good range of these.
- Make sure your range includes a product from every market segment to cater for all your customers' needs.
- Group washing products (body wash, shower gel, soap) together and bath products (bath liquids, salts) together.
- Reflect seasonality in your fixture - take advantage of gift pack opportunities.

In the bathroom...

New from Radox for autumn is a range of four luxury Radox Solutions variants, offering natural solutions to everyday problems. The range includes Rushed... Precious Time with patchouli to soothe and ylang ylang to calm; Stressed out... Deep Calm with oil of passion flower to promote relaxation; Restless... Deep Sleep with oil of lavender to aid sleep; All Dried Up...



Radox Supersoap Hand Wash has a new formulation and updated packaging

Milk & Honey to soften dry skin.

Radox Supersoap Hand Wash has been relaunched with new formulations and packaging. The new variants include Refreshing with lemon and lavender oil; Cleansing with tea tree oil and thyme extract; Caring with milk and chamomile; Hands & Face with wheatgerm oil and vitamin E.

New for men is Radox Showerfresh for Men, a hair and body gel with a fresh invigorating fragrance available in a larger 400ml pack.

New from Tisserand are Mind Unwind and Muscle Ease bath oils. Each blend is combined with a base of coconut and avocado oils and vitamin E to nourish the skin. Mind Unwind is a blend of lavender, bergamot, petitgrain and sandalwood to pamper and cleanse. Muscle Ease is a blend of lavender, rosemary, may chang and peppermint to relax and invigorate tired muscles. They retail at £6.99 each.

Who said showers can't be a luxurious experience too? New from Fenjal is Luxury Shower Oil, enriched with plant oils to care for and cleanse skin without leaving a greasy residue. It retails at £4.95.

Cussons has extended the Imperial Leather range with the launch of Creamy Bodywash. Designed for family use, it's available in two variants - Sensitive, a soap-free



A range of four luxury versions of Radox Solutions is new this autumn

formulation, and Nourish, with vitamin E.

A campaign will support the launch. Also new to the shower sector is Wake Up Shower Bar, a block of shower gel in a translucent glycerin format. Available in two fragrances, Tropical Citrus with natural oils or Peppermint with exfoliating particles, it comes in single or twin packs.

Continued on P22 →



Tisserand's Mind Unwind bath oil and Relax bath soak are designed to make bath time therapeutic as well as cleansing



Fenjal Classic Luxury Shower Oil moisturises and nourishes skin while it cleanses



A cold sore offer made possible by you

For years you have recommended Zovirax to kill the virus at tingle phase.¹

But blisters also contain viral infection.

The good news is Zovirax also kills the virus at blister phase.²

So you can offer a great deal for blisters too.

EASY RUB-IN FORMULA

ZOVIRAX™
✓at blister ✓or tingle

250g tube

Product Information

Indication: 5%w/w aciclovir in water miscible cream
Uses: Cold Sore treatment. **Dosage and**
Administration: Apply 5 times a day for 5 days. It is
important to start treatment as early as possible after the
start of infection, ideally during the tingle phase.
If healing has not occurred, treatment may
be continued for up to an additional 5 days.

Contraindications, Warnings etc: Zovirax Cold Sore Cream is contraindicated in patients known to be hypersensitive to aciclovir or propylene glycol. **Precautions:** Zovirax Cold Sore Cream should only be used on cold sores on the lips and face. Do not apply inside the mouth or in the eye. Do not use for herpes infections of the eye or the genital area. Do not use if the patient is under the care of a doctor because of a weak immune system. **Side and adverse effects:** Transient

burning or stinging may follow application. Mild drying or flaking of the skin has occurred in about 5% of patients. Erythema, itching and contact dermatitis have been reported rarely following application. **Recommended selling price:** 2g tube - £5.79; 2g pump - £5.99. **Product Licence Number:** PL 0003/0304. **Licence Holder:** The Wellcome Foundation Limited, Greenford, Middlesex UB6 0NN. **Legal category:** P. **Further information available on request**

from: Medical and Consumer Affairs, The Wellcome Consumer Healthcare, Wallis House, Greenford, Middlesex, UB6 0BD. Date of first publication May 2001. ZOVIRAX is a registered trademark of the GlaxoSmithKline Group of Companies.

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1. Van Vollen WA et al. J Antimicrob Chemother 1983 12(Suppl B) 89-93. 2. Data on file, GlaxoSmithKline, 1999.

Top 10 personal hygiene brands in pharmacy

Lynx bodyspray

Sure 24 hour Intensive deodorant

Radox Unisex bath liquid

Impulse bodyspray

Right Guard deodorant

Dove bar soaps

Dove Moisturising Cream deodorant

Soft & Gentle deodorant

Sure for Men 24 hour intensive deodorant

Mum deodorant

(IRI Infoscan Mar 01)

→ Continued from P20

Aqua Terra is the latest range from Bronnley, based on marine extracts. Products include Mineral Enriched Milk Bath (£6.95), which contains sea kelp and kaolin; Mineral Enriched Bath Relaxant (£6.95), a bubble bath; Mineral Enriched Shower Gel (£6.95); Mineral Enriched body Balm; Mineral Enriched Eau Fraiche, a tangy citrus scent (£9.95); and Glycerine Soap (£2.95).

APDs still thriving

The anti-perspirant deodorant market continues to thrive, and according to Mintel grew by 15 per cent between 1996 and 2000.

It is expected to reach £403m this year, despite the fact that 87 per cent of men and 92 per cent of women already use these products regularly.

"Manufacturers have created new opportunities through the development of different formats and application methods, such as non-staining stick deodorants and deodorant and body fragrancing wipes," says Mintel.

Female APDs take the largest share of sales, 46 per cent in 2000. Men's bodysprays take 21 per cent of the market, men's APDs 20 per cent and female body sprays 13 per cent.

With this sector too, skincare

benefits are becoming increasingly important. James Sellers at Unilever says: "Skin friendly benefits such as non-sting and non-irritating are almost expected by consumers now. However, the primary need is protection from wetness and odour - this is a 'must have' in any product."

Last year saw the launch of several non-whitening, residue-free brands; this year's innovation is deodorant wipes.

Fragrance is still very important in this sector, says Mr Sellers. "The most popular are floral greens and citrus scents for women and fougere, green and spicy fragrances for men." Mintel backs this up - research carried out by BMRB found that half of all consumers cite fragrance as an important reason for purchase.

Product news

Sure Deo Wipes are the first of a new type of deodorant format, designed to keep you fresh wherever you are. The wipes contain an anti-bacterial solution, removing stickiness and giving all over freshness. They're available in two fragrances, Oxygen and Cotton Fresh. Available in packs of 14, they retail at £1.99.

Linden Voss Triple Dry anti-perspirant has an improved formulation to keep you even drier for longer. Triple Dry carries on working even when the area has been washed, so there's no need to re-apply after swimming. The product only needs to be applied two or three times a week.

Perspirex Hand and Foot lotion is a new anti-perspirant designed for problem perspiration. The clear alcohol-based liquid seals the sweat glands and lasts for at least 24 hours. With regular use the product only needs to be applied two or three times a week. Also available is Perspirex Underarm roll-on.

Adidas Woman Sport Body Tonic is designed to give a fresh feel while cooling and softening the skin. It's available in four fragrances - Energy, Active, Fitness and Original and retails at £3.95.

New to the **Arrid** range this summer is an unscented Natural Fresh aerosol variant.



Perspirex Hand and Foot lotion is designed to combat perspiration

Roll on summer

Anti-perspirant deodorants are an essential part of every pharmacy's toiletries offering. **Jacqui Peake**, strategy executive at Lever Fabergé, explains the terminology and looks at what's on the market

We sweat when stimulated by heat or emotional stress, primarily to cool us down. In adults, axillary sweat has two components - eccrine sweat and apocrine secretion, produced by the eccrine and apocrine glands just under the skin.

Closely linked to the hair follicles, they release their secretions through ducts onto the skin surface (see diagram.) Eccrine glands are present from birth: apocrine glands develop in childhood and function from puberty.

Eccrine sweat is an odourless solution of salts. Apocrine secretion is a combination of proteins, lipids and amino acids. Airborne bacteria act on apocrine secretions to form odours. The presence of hair increases axillary odour by collecting secretions and bacteria.

Staying fresh

In adult primates, sweat is a signal of sexual maturity. Some cultures value it as attractive, but in our densely populated urban society, social conventions demand we stay dry and odourless. Hence we use

Applicators available in the UK

Applicator	Value Share/Sales	Leading Brands
Aerosols spray	77 per cent	AP Deo
Roll On	13 per cent	Sure Impulse body
Stick	5 per cent	Right Guard* Lynx body spray
Gel	1 per cent	Sure, Mum*
Cream	4 per cent	Secret*
Wipe	(new sector)	Gillette Series*
Crystal	(very small market)	Sure, Secret*
		Sure, Dove, Imp Various

Key consumer facts and trends

- About 40 per cent of males have deodorants bought for them. Deodorant use is split 50:50 between men and women, but purchasing is 30:70. Men's increasing interest in grooming/styling means more men are buying these products for themselves, so we can expect this purchasing ratio to change.
- Deodorants' usage penetration decreases with age. Penetration of older users is set to increase, as each generation ages yet continues using these products.
- Despite the male grooming boom, 70 per cent of men do not know the difference between body sprays and antiperspirants. This figure is decreasing, with male antiperspirant aerosols showing growth.
- More men use deodorants more often: bath usage penetration and occasions are increasing over time.
- Deodorants show strong seasonality.
- Fragrance indicates efficacy. If people can smell their deodorant's fragrance, they perceive it to be still working.
- Odour and wetness prevention are the most important deodorant benefits for both sexes.
- Fragrance is more important for men than women.

also cause stinging after hair removal.

Anti-perspirants

Sodium crystals are the oldest recorded active ingredients of anti-perspirants, dating back to the Pharaohs. Today the principal active ingredients in anti-perspirants are:

- **Lumium chlorohydrate (ACH)** - less caustic and irritating than the earlier lumium chloride formulations
- **Lumium zirconium chlorohydrate (ZACH)** - more effective than ACH but not suitable for use in aerosols
- **activated aluminium chlorohydrate (AACH)** - first utilised by Unilever in the 1970s, as effective as ZACH and can also be used in aerosols.

Performance is traditionally the main criteria, but in recent years it has become increasingly important to offer products which are also gentle on the skin.

How APs work

In anti-perspirants' active ingredients diffuse into the sweat ducts, their caustic metal salts are slowly neutralised. This results in the formation of a gelatinous and insoluble polymeric aluminium hydroxide-protein gel which partially obstructs the opening of the sweat gland, reducing, but not stopping, the flow of sweat.

What the claims mean

- Unbeatable wetness protection: tested by hot room efficacy trials.
- 24 hour protection: tested through sweat collection and found effective approximately 24 hours after application.
- Skin friendly: excludes potential irritants such as alcohol, and includes molluscs or other skin-friendly ingredients.
- Non-sting: excludes alcohol, a potential irritant in deodorants. Possibly has emollients, such as aloe vera, reducing the level of stinging.
- Dermatologically tested: an

independent consultant dermatologist has endorsed the product as causing little/no irritation.

- Non-sticky: anhydrous formulations whose active ingredients go on dry - aerosols, solid sticks, soft solid suspensions.
- Body responsive: anti-perspirant active ingredients are inert when dry and react with perspiration only when dissolved by it.

Deodorant categories

Deodorants and anti-perspirants have a high usage penetration in the UK, and are used by 96 per cent of women and 83 per cent of men each week. Frequency of purchase is the third highest in toiletries, with an average 4.7 packs bought per year per household.

Consumers see deodorants and anti-perspirants as primarily functional, offering few added value benefits. Usage rates vary: 20 per cent of purchasers buy half the volume.

Consumer loyalty

Consumers are loyal to particular applicator formats, increasingly so following the introduction of cream deodorants in the late 1990s. Recent new formats have only had limited appeal; future innovations need to focus on a specific niche or added benefits.

Deodorants and antiperspirants also show strong brand loyalty, with very low levels of repertoire buying (2.1 brands on average.)

The recent Every Day Low Price (EDLP) wars have created exceptional consumer value in this must-have category.

Deodorants and anti-perspirants' variation in RSP per pack is among the lowest in toiletries. Although sales are promotionally sensitive, only 20 per cent of consumers describe themselves as "promotional junkies".

When
your
customer
is
suffering
from
diarrhoea

What
do you
recommend?



Dispensing errors discovered during spot check

Ramsgate pharmacist Bharatkumar Patel, 46, has been reprimanded by the Statutory Committee of the Royal Pharmaceutical Society.

He had been ordered to sell one of his two pharmacies and reform his business following a series of dispensing blunders. Disciplinary proceedings were launched after a Society inspector visited his Newington Pharmacy in Ramsgate and carried out a prescription spot check, discovering incorrect doses and incorrect drugs had been dispensed to patients.

On June 14 last year, the Committee adjourned the case for 12 months after hearing that Mr Patel, who ran a second pharmacy in Margate Road, Ramsgate, made three dispensing errors.

Irregularities discovered included an anti-depressant drug dispensed instead of a breast cancer drug; a patient being given the wrong dose of a drug to counteract high blood pressure and another patient given a mixture of two asthma drugs when only one had been prescribed.

Last week Mr Patel told the hearing that he sold his second pharmacy to Sainsbury's in August last year and now intends to expand the Newington Pharmacy, after buying the property next door. He has also hired extra pharmacists to ease the workload.

Committee chairman Lord Fraser of Carmyllie, QC, announced: "We will now conclude this matter by delivering a reprimand."

Mr Patel has three months in which to appeal.

Pharmacist 'facing ruin' is restored

A pharmacist caught illegally selling Valium and Prozac to undercover reporters from the *News of the World* was last week restored to the register. Anant Shah, of Hatch End, Pinner, Middlesex, was struck off by the Statutory Committee of the Royal Pharmaceutical Society following two convictions at Highbury Corner Magistrates Court in 1998.

Mr Shah faced ruin following the article and has been forced to pay £45,000 in wages to locum pharmacists since being struck off.

Committee Chairman Lord Fraser of Carmyllie, QC announced: "Having heard Mr Shah and learned something of what has happened in the intervening period we come to the conclusion we can allow his restoration."

Controlled Drugs register was chaotic, Committee hears

An uninsured Northumberland pharmacist £42,000 in debt to his bank and drug suppliers, has been struck off the Register by the Royal Pharmaceutical Society's Statutory Committee.

John Dickinson, of Dickinson Pharmacy, Spar Business Centre, Cramlington, had been arrested and prosecuted under the Misuse of Drugs Act because of the chaotic condition of his pharmaceutical records regarding drug addicts he supplied.

Mr Dickinson was visited by one of the Society's inspectors in April last year. It was said his Controlled Drugs Register contained loose, unnumbered pages relating to morphine, crossings out, and incomplete entries. There were no entries in his methadone book from April 6 last year.

Local police were alerted and found 31 failures between October 15, 1999 and April 27, 2000 to make entries of controlled drugs purchased and between July 23, 1999 and April 26, 2000, 45 failures to register details of controlled drugs he supplied.

Again, loose unnumbered sheets were used for morphine entries.

methadone entries and pethidine. Mr Dickinson also had no profession indemnity insurance between June 1, 1995 and May 8, 2000 and failed to maintain his Controlled Drugs Registers in accordance with the Misuse of Drugs Act.

The Society inspector discovered the irregularities during a routine visit and returned with the police. The officer who attended, DC John Fleming, confirmed that Mr Dickinson told him he owed the bank £12,000, two different wholesalers £17,000 and £13,000 and was "too frightened" to open his mail.

He was urged to renew his membership with his professional body, which would also insure him, but his initial £500 cheque bounced three times.

He was arrested on May 23, 2000, and on August 21 was charged with failure to keep proper records under the Misuse of Drugs Act.

In May this year DC Fleming visited the pharmacy and told the Committee: "Mr Dickinson's shop was in perfect order. His Controlled Drugs Register was up to date, his controlled drugs

cabinet safe and secure. He seemed a totally different man to the one I met. His business is exemplary right now."

Mr Dickinson told the committee: "Everything in relation to the shop and my personal life has completely turned around. The business premises, as has been said, are now in good working order. I buried my head in the sand and things got on top of me. Now everything gets sorted out the day comes in."

The May hearing had been adjourned to give the committee time to reflect on the case.

Committee chairman Lord Fraser of Carmyllie QC said: "We are prepared to accept there has been a transformation in the way Mr Dickinson is running his business," but he ordered him to be struck off for dispensing to the public while uninsured for nearly five years. He said: "Had there been a claim against him the consequences might have been catastrophic."

Mr Dickinson has three months in which to appeal against the decision of the Committee.

Viagra was supplied without a valid prescription from GP

The boss of a Golders Green pharmacy who supplied Viagra without a prescription has been reprimanded by the Statutory Committee of the Royal Pharmaceutical Society.

The Committee was told that at least 80 tablets were supplied directly to the patient's GP without the doctor ever completing a proper prescription for the drug.

Mr Desai, of Stanmore Middlesex who runs Landy's Chemist of Finchley Road, Golders Green, appeared with his official superintendent Anne Krestin, of Hendon.

Both admitted identical allegations of supplying Viagra to patient "RC" on five separate occasions between November 1998 and September 1999. A prescription was only produced for one of those supplies.

Three further supplies were also made to the same man between February and July 1999 and prescriptions were only produced by the patient's GP after the drugs had been dispensed.

The pair also admitted discrepan-

cies in the register and associated prescriptions for Viagra and there were no records of Viagra trades with other pharmacies. They admitted failing to ensure Viagra supplies to the patient were only made against valid prescriptions or in an emergency and failing to ensure accurate records of Viagra supplies were kept.

Identical allegations were made against Lemongold Ltd, the company which owns Landy's Chemist. Mr Desai and his wife are the sole shareholders.

During a further visit in September, the Society's Inspector received three further prescriptions from Mr Desai, all written after the drug was dispensed.

"Mr Desai has been up front and admits the prescriptions were provided by the doctor after a telephone call," said Mr David Bradley, representing the Society.

The Society accepted that Miss Krestin knew nothing of the Viagra supplies, but as official pharmacy superintendent, she shared responsibility.

The Inspector visited the premises as part of a wider enquiry initiated by another pharmacy owned by Mr Desai.

"All the supplies to RC were made at the request of the doctor," Mr Desai told the Committee.

After the doctor collected the Viagra over the counter, the patient RC would telephone the pharmacy a couple of days later, paying for the drug with a credit card.

Miss Krestin, who worked two to three mornings a week at Landy's, said: "I was not the regular pharmacist on duty in the shop, but I am the Superintendent Pharmacist and it is a position I take very seriously. I will have to keep a very much closer eye on the records in the future."

No further action was taken against Lemongold Ltd, or Miss Krestin, as she had no personal part to play and was kept in ignorance of the first inspection, during which she was on holiday."

Mr Desai has three months in which to appeal against the decision.

Absenteeism leads to a reprimand for ex-owner

Gwent pharmacist John Powell, who was recently bankrupted, has been reprimanded by the Statutory Committee.

Mr Powell, of Brynmawr, ran a pharmacy at Brecon, Powys, which was visited by a Royal Pharmaceutical Society inspector in February last year.

Allegations of professional misconduct followed and Mr Powell opened another pharmacy at nearby Llanfaes in April last year, but this later folded.

Mr Powell was reprimanded after admitting being absent from his original premises when Prescription Only Medicines were dispensed to the inspector by unqualified staff.

Society solicitor Geoff Hudson said that when the inspector returned he discovered medicines dispensed without prescriptions, unsatisfactory poi-

son and prescription records, out of date stock, incorrect storage of medicines and controlled drugs.

Incorrect labelling, drug records and breaches of the Misuse of Drugs Regulations were later found at the new premises.

The first shop became a photography developers when Mr Powell moved to new premises, but the receivers moved in after approximately 12 months and he is now unemployed.

"Possibly, I could have spent more time on training, but I didn't think I was asking them to do anything they were not capable of doing," he said.

Mr Powell said he would never open another pharmacy and would continue his career as an employee.

He has three months in which to appeal against the reprimand.

Inspector found pharmacy owner had dispensed out-of-date antiviral

A Portsmouth pharmacist who dispensed a cheaper out-of-date antiviral to a female patient has been reprimanded by the Statutory Committee of the Royal Pharmaceutical Society.

Colin Moody, the owner of C Moody Chemist, at Gosport, was visited by an inspector, who discovered a wide variety of expired stock on the shelves, along with further medicines which were incorrectly labelled or had no labels at all. The Committee was told the antiviral was approximately three months out-of-date. The patient was supplied with expired aciclovir tablets instead of the prescribed Zovirax.

Geoffrey Hudson, for the Society, told the Committee the patient only discovered the tablets were out-of-date after taking four pills.

Following an official complaint, Society inspector Tim Snewin visited the pharmacy and Mr Moody told him he had not deliberately supplied the cheaper drug to pocket the difference, but dispensed it directly from his wholesalers. He blamed human error for expired stock on his shelves.

At a follow-up inspection, Mr Moody, a pharmacist for 35 years, was found to have solved all the problems.

Announcing the reprimand, committee chairman Lord Fraser of Carmyllie, QC, said: "There was a serious error in dispensing here. The problem arose because the arrangement in dispensing allowed a potential for error."

Mr Moody has three months in which to appeal.

Suspension follows fresh misconduct allegations

A pharmacist found guilty of professional misconduct last July by the Statutory Committee of the Royal Pharmaceutical Society has had his registration suspended while fresh allegations are investigated.

Miroslaw Jaworowski, of Irlam, was responsible for a series of errors while employed at K's Chemist, Ordsall District Precinct, Salford at the end of 1998. The Statutory Committee adjourned its decision for 12 months to hear of Mr Jaworowski's progress with new employers. In December last year he left Pondas Chemist's in Warrington, after his employers claimed dispensing errors were made.

The Committee adjourned the hear-

ing for three months to investigate the fresh claims.

Previously, the Committee was told that over a period of three months Mr Jaworowski had made a number of errors, supplying the wrong medicines and incorrectly labelling bottles at K's Chemist's. He had also failed to keep proper records of controlled drugs.

Mr Stanley Brandwood, a Society inspector, said he had visited the pharmacy following a complaint from a local general practitioner.

Mr Jaworowski explained in interview that he was dispensing around 5,000 prescriptions a month with no qualified support. He said the strain had been "intolerable".

Further information is available from the PL holder:
Johnson & Johnson MSD Consumer Pharmaceuticals,
Enterprise House, Station Road, Loudwater, Bucks, HP10 8JU
Legal category: P Ref: Kaplan et al. Archives of Family Medicine 1993
www.imodium.co.uk

Pharmacies should concentrate on offering added value rather than competing with supermarket prices, a recent meeting of independent pharmacists was told

Post-RPM strategies

Local pharmacies should not compete against supermarkets on medicines pricing, but should focus on the added value that they can offer, independent pharmacists were told last week.

Peter Hinkley, sales director for GlaxoSmithKline Consumer Healthcare, said the supermarkets were going through a "silly season" in terms of promoting medicines. However, as people may be buying medicines on promotion which they are unlikely to need on a weekly basis, the long-term effects remain to be seen.

Mr Hinkley advised against price reductions in general, as this would reduce profit. Price reductions may persuade some people to buy a medicine if price has put them off in the past, for example smoking cessation products or gastro-intestinal products. But price cutting in oral care had driven out the profit from the market, because people do not brush their teeth more often, he said.

He was speaking at an evening organised by St Albans independent pharmacist Graham Phillips and chairman of the Letchworth Pharmacy Consultative Board for UniChem. About 70 pharmacists attended the event, which took place at UniChem's Letchworth depot on July 11.

Mr Hinkley outlined GSK research, carried out before the end of RPM, which identified three key types of customers for local pharmacies:

- first time parents will place much more importance on their children's ailments than more experienced parents, so will want advice and reassurance from the pharmacist
- more mature people who will self-diagnose, but who have a strong affinity for the pharmacy as part of the local community
- women who do not have time to be ill, or to have time to visit the GP or the supermarket for medicines. They will self-diagnose and will appreciate the convenience of the local pharmacy. Price is not important for them.

Research indicates that price is only the fourth or fifth most important consideration when buying a medicine, said Mr Hinkley. What these people want is advice, prescriptions, specific behind-the-counter brands, larger quantities of product, immediate

relief, proximity to home, and products to treat more serious symptoms. These are all things that the pharmacy and pharmacist can offer.

"Do not try to compete across the board with grocers on price," he advised. "There's no need to go head to head with the larger supermarkets. They will win because it's not a large part of their business."

"Shoppers need advice. That's where your strength is," he told the audience.

Martyn Ward, sales and marketing director for UniChem, supported the view that medicines pricing is not the biggest concern for consumers. They already assume that everything is cheaper in the supermarket.

Local promotions at this stage on products that could not be promoted before might actually change perceptions of pharmacy prices, he added. But keep an eye on competition. Even if it is not apparent that you have local competition, think about where people are buying their groceries, even if it is at a supermarket 20 miles away, as that will be selling medicines too.

"Doing nothing is dangerous," he warned. "Inaction is too big a risk to take. My advice is to promote a few key medicinal lines and change them regularly. It will not be long before the grocers have some prices higher than the RPM prices."

"Do not promote everything, but do

not promote nothing at all," he advised. "Extend the range of branded items without increasing stock holding, as grocers will limit the range they keep."

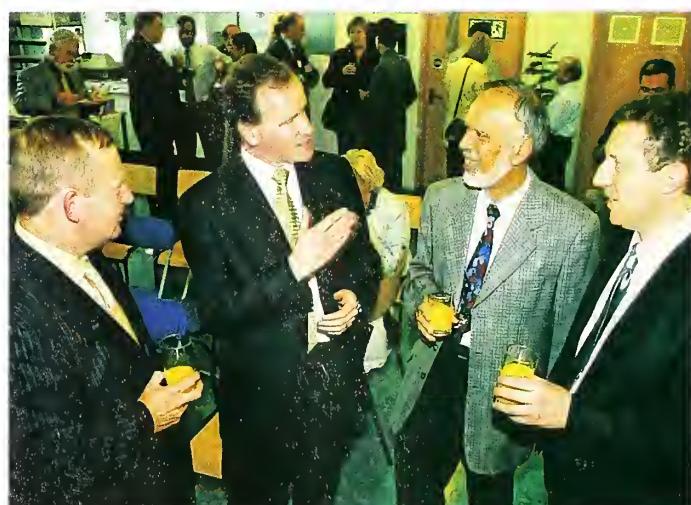
Pharmacists should also take more care over their stock keeping, he said. A very small percentage of products sell more than one unit a week. Slightly more sell one unit a month, but most lines sell less than one unit per month.

In general, his advice was to have a core range of the fast sellers and minimise stock-holding on slow sellers. Have a core range of medicines, but do not stock everything all the time, he said. "Use your warehouse and promote only fast-selling lines."

Mr Ward said that the manufacturers wanted an independent pharmacy sector. "The last thing the manufacturers want is 80 per cent of their business going through four retailers [the large supermarkets]. They want to ensure there's a thriving independent sector."

Mr Phillips said there was currently a "phoney war". IMS data suggested that the independent grocers' market share of Nurofen had increased from 17 to 56 per cent. "But once the bathroom cabinet is full of Nurofen, what's going to happen then?" he said.

"Pharmacists are not seeing the full effect yet." He called on independent pharmacists to plan now "and not take the usual pharmacy head in the sand approach".



Speakers and guests at the "RPM – so you think you are not affected?" evening hosted by UniChem at Letchworth

The shrinking OTC analgesic market post-RPM

After the removal of resale price maintenance, supermarkets slashed the prices of leading OTC brands. In the analgesic market, grocers initially benefited through additional sales volumes, although their sales values, because of the price cuts, remained relatively level.

Volumes are now slipping back, and sterling sales through supermarkets are falling below the levels experienced before the demise of RPM. Supermarket chains will have to monitor their drug sales carefully over the coming months and may have to readjust their prices.

The effect of removing RPM on OTC medicine sales could not be accurately predicted when it first occurred. Supermarkets quickly slashed prices on leading brands, hoping to increase and capture sales from pharmacies, but how much business did they gain and will they keep it? IMS Health analyses changes that have occurred within the market.

Looking at the OTC analgesic market, there was an initial (week 20-21) increase in the volume of analgesics sold through grocers following the demise of RPM, but in more recent weeks this appears to have declined.

With the large savings being offered to consumers by the supermarkets, the value of the total analgesic market, including both grocers and pharmacies, has fallen since the end of RPM.

Comparing the week beginning April 30 (week 18) with the week beginning June 18 (week 25), 9.5 per cent was wiped off the value of the OTC analgesic market.

Customer response

Nurofen was one of the brands discounted most by the supermarkets. In the weeks immediately following the collapse of RPM, the price cuts offered by grocers on Nurofen resulted in an immediate increase in volume sales through grocery, and therefore a gain for grocers in volume market share.

Sales volumes through pharmacies remained stable, as did sales by value. The grocers increased volume sales were, therefore, mostly additional sales not sales captured from pharmacies.

The immediate increase in volume sales of Nurofen through grocery outlets suggests an elasticity in the customer demand over the short term. However, this does not appear to be the case over a longer period.

After the initial surge in volum

sales through grocers, there was a steady decline up to week 25. Customers must have "stockpiled" when cheaper Nurofen became available, or the demand was so great that supermarket stocks were left depleted and consumers dissatisfied.

Although the supermarkets initially benefited, by week 25 total sterling sales of Nurofen through grocers were actually lower than before RPM collapsed. What is clear is that the value of grocers' Nurofen market has decreased because of their price cuts.

For week 18 compared with week 25, grocers' Nurofen sterling sales fell by 10 per cent. Already supermarkets appear to be acting, and their average price of Nurofen is starting to rise again.

Own label impact?

By comparing the rate of unit purchases through the different retail channels it can be seen that before the end of RPM, grocers with in-store pharmacies were selling around 21 packs of Nurofen for each pack sold by an independent pharmacy.

Two weeks after the end of RPM, the unit rates of sale in grocers with in-store pharmacies had risen to 40 packs of Nurofen to each one sold by an independent pharmacy. However, by week 25, this had fallen back to 28:1. Rates in grocers without in-store pharmacies also increased and then decreased.

This implies that initially the offers in supermarkets either encouraged purchasers to buy additional packs or attracted new consumers to buy Nurofen.

Some of these new consumers may have switched from supermarkets' own-label analgesics. IMS Health data shows that there has been a 13 per cent decline in own-label sales of analgesics in grocers overall since the end of RPM. There has also been a 17 per cent decline in value terms, the result of slightly lower prices applied to own labels after the end of RPM.

It had been suggested that supermarkets may lift the prices of their own-label OTC medicines to encourage consumers to switch to the now more affordable branded products, but

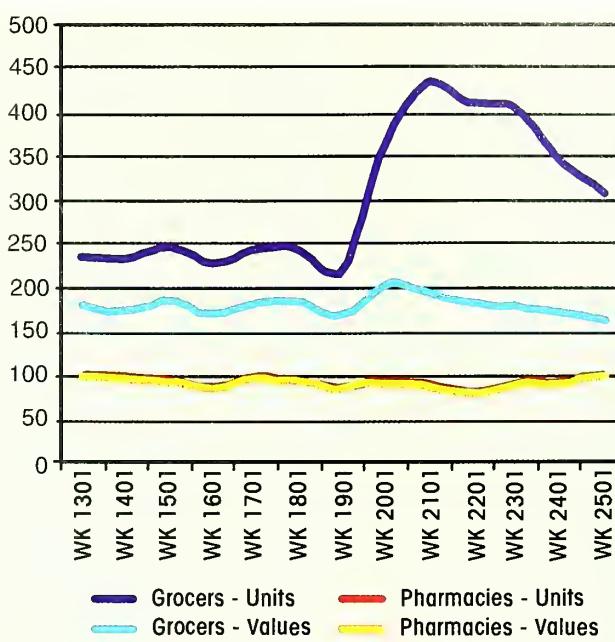


Fig 2: total Nurofen volume and value sales weeks beginning March 26 to June 18 (week 13 to 25). Total Nurofen sales = total sales for all Nurofen packs

so far this does not seem to have occurred.

Winners and losers

Although grocers initially benefited greatly in terms of additional volume sales, and therefore market share by volume post-RPM, this, for one reason or another, has not been maintained.

Because of large price cuts, the sale values that supermarkets are achieving for some products and markets are now lower than pre-RPM abolition.

Pharmacies' sales volumes, be it because of customer loyalty or helped by the contribution from Pharmacy packs, have remained relatively stable.

Value sales through pharmacies have also been maintained, because of the retention of their pricing levels. Pharmacies' "wait and see" policy appears to be paying off.

The question is how long will supermarkets be able to maintain their extensive discounts on leading brands, while watching their sterling sales slide? Supermarket chains will have to monitor their drug sales carefully over the coming months, and may have to readjust their pricing upwards.

Is the real OTC battle to be fought between the major supermarket chains, rather than between grocers and independent pharmacies?

IMS Health's Pharmatrend collects consumer sales data each week via modem from a panel of 450 independent pharmacies, 1,280 multiple pharmacies (excluding Boots and Superdrug) and the four main UK grocers (ASDA, Safeway, Sainsbury's and Tesco), representing 1,389 stores.

For this analysis, pharmacies includes independent and multiple pharmacies, and grocers includes stores with and without in-store pharmacies.

For more information contact Vincent Bartkowiak, product manager, IMS Health, 107 Marsh Road, Pinner, Middlesex HA5 5HQ Tel: 020-8723-3473, e-mail Vbartkowiak@uk.imshealth.com

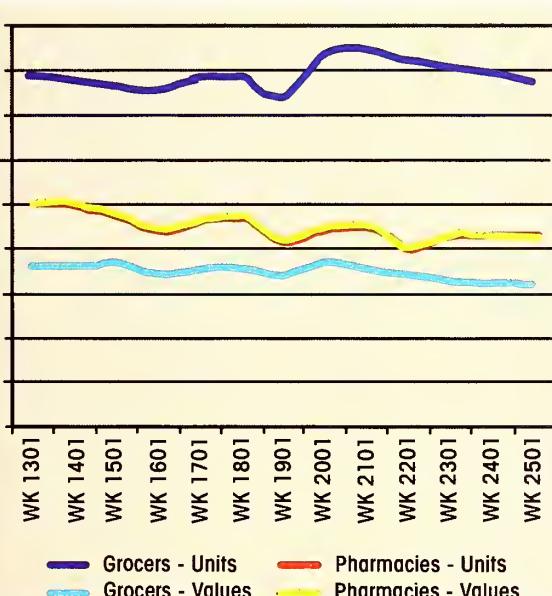


Fig 1: total OTC analgesics volume and value sales for weeks beginning March 26 to June 18 (weeks 13 to 25).

Benchmarks: Pharmacies – values week 13=100; units week 3=100



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NOVARTIS

Any margin pharmacy contractors make on generics could be wiped out under Department of Health proposals for reforming the reimbursement and supply of generic medicines.

The Government put forward two main options in its discussion paper *Options for the future supply and reimbursement of generic medicines for the NHS*, which largely reflect the recommendations made by OXERA.

- A reference-based price scheme could be introduced, under which an NHS price would be set for a given generic. A wholesale margin would be added to a specified manufacturer's price, resulting in a fixed NHS price.
- Alternatively, the system could be changed to a central purchasing and national tendering system. Generic manufacturers would tender for contracts to produce a medicine, and all generics would be sourced centrally by the NHS.

Neither scheme includes a set margin for pharmacy contractors.

A senior DoH source said the aim of the reimbursement system was to repay pharmacists a sum as close as possible to what they had spent on buying medicines.

The DoH said that a third option was to maintain the existing arrangement of maximum prices for generics. If this approach were agreed, some weaknesses in the system would have to be tackled.

"We know the total price of what we pay pharmacists, but we do not know what prices are being charged at the start of the supply chain and throughout it," said the DoH source.

Godfrey Horridge, financial executive of the Pharmaceutical Services Negotiating Committee's (PSNC), said: "I think they are trying to overdo things. There are concerns about supply and service to patients if the DoH tries something too radical."

He felt that central purchasing in particular was unrealistic and by no means guaranteed any cost savings.

Mike Watts, executive director of the British Association of

DoH generic reform could wipe out pharmacy margins

Pharmaceutical Wholesalers (BAPW), added that such a tendering system could undermine the UK generics industry by opening the system up to manufacturers worldwide.

Central purchasing would be "an administrative nightmare and very manpower intensive," he said.

Mr Watts voiced concerns about subjecting the delivery of products to a tendering system. He was adamant that no single wholesaler - not even the big two - could provide an adequate service to every pharmacy in the country, as a wholesaler's strength varied from region to region.

"It does not make sense to have a single distributor - you need that national/regional mix to secure the added value services and quality of service," he said.

As for a reference-based price system, Mr Watts questioned whether the DoH would get the total picture of the market if it only collected information from companies with turnovers above £1 million.

Both Mr Watts and Mr Horridge said a detailed response to the DoH proposals would be submitted in due course. The consultation closes on October 22nd.

A public domain version of the OXERA report was also published. The DoH gave assurances that only commercially sensitive information had been edited out.

The DoH has also started a consultation on the current maximum price scheme. This is intended to assess whether the present system is still needed and if the price levels should stay the same. Comments for the consultation are due to be received by September 14 and the results are expected to be published by October 21.

With a new scheme unlikely to be ready for implementation before the deadline of October 21, the DoH proposes to roll the maximum price scheme in its current format forward for another year.

The extension of the current scheme was good news, said Mr Horridge, as it had stabilised the mar-

ket and delivered cost savings. DoH figures stated that £240m had been saved in 2000/2001.

"Keeping the present arrangement makes a lot of sense," Mr Horridge said.

- The discussion paper and the public-domain version of the OXERA report are available on the DoH website at www.doh.gov.uk/generics.

Reference-based price scheme

The reference-based price scheme relies heavily on accurate and up-to-date information regarding the prices and sales volumes for each generic product.

- Manufacturers and wholesalers with a turnover of more than £1m would be required to submit monthly price and sales information electronically to a central collecting point.
- The NHS price would be calculated monthly from the price information supplied to which a wholesale margin would be added.
- Suggested approaches to setting a wholesale margin include a flat fee per item, a margin calculated as a percentage of the manufacturer's price, or a combination of the two. The margin would be reviewed annually.
- Pharmacists and dispensing doctors would be reimbursed for the NHS price, with prices for each month being posted on a dedicated website.
- The scheme would be backed by statutory arrangements, which could include penalties for any infringement of the scheme.

Central purchasing

The centralised purchasing system is aimed at utilising the NHS's substantial purchasing power by sourcing products centrally.

- Product licence holders would have to go through a tendering process to supply a particular product, all products with a certain ingredient, or a basket of products.
- Tenders could be awarded for certain tranches, such as 60 per cent, 30 per cent and 10 per cent of the total demand.
- The winning contractor(s) would have to supply the product at the agreed price and would be expected to absorb any fluctuations in cost.
- At least two suppliers would be contracted to supply a given product to avoid monopolisation.
- The proposed running time for the contracts is two years.
- Two models are being proposed for the distribution of centrally-sourced generics.

Pharmacists would either continue to choose the wholesaler supplying them with generics, which would compete by offering discounts or, after tenders, one wholesaler would be appointed to distribute the entire demand for a given product.



Philip Longstaff of Finedon Pharmacy pictured with staff after the recent Nucare shop refit

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The Future of Pharmacy

Peak Pharmacy and Tims & Parker become one

ak Pharmacy and Tims & Parker Ltd will merge on August 1 to form a 66-strong pharmacy multiple with an expected annual turnover of £55 million.

The merger was described as the perfect geographical and structural fit between two successful businesses. Being of very similar size, Peak's most northern branch (Stockport) borders Tims & Parker's most southern outlet (Timperley).

Both trading names and head offices will be retained for at least the first year, but all stock for the enlarged group will be handled by Peak's ware-

house in Chesterfield from the first day of the merger.

Self-distribution is well-established at Peak, and its warehouse delivers as much as 95 per cent of over-the-counter medicines and 55 per cent of ethicals to branches weekly.

"The target is to do the same with Tims & Parker branches within three months," said Peter Cattee, Peak's managing director, who is set to become managing director of the combined group.

Tims & Parker's joint managing directors, Jeff Tims and Andrew Parker, will assume the roles of



Increased interior branding is the key element for UniChem's new top of the range concept store. The UniChem logo is carried through from fascia, where it sits alongside the pharmacy's name, to the signage in-store. Vale Pharmacy in Llantwit Major, near Cardiff, was the first independent pharmacy to be refitted with the concept as part of a relocation. "We have achieved UniChem's aim of strong branding without it becoming overpowering," said UniChem's marketing controller, Peter Skinner. "We want to get to a stage where customers see the UniChem brand and expect excellent retail standards," he added.

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IN BRIEF

GlaxoSmithKline publishes Q2 results

GlaxoSmithKline announced second quarter turnovers of £5.1 billion, representing a 13 per cent increase. Sales of pharmaceuticals rose by 8 per cent, accounting for sales of £4.3bn. Pre-tax profits for the three months to June 30 were £1.7 bn, up 9 per cent. The company also expects cost savings originating from the merger and restructuring of the company's manufacturing operations will reach £1.8bn by 2003. Merger savings of at least £400m are anticipated for this year. However, the total cost of delivering these savings is expected to reach £3.8bn rather than £3bn as previously thought.

New trading names for Pharmax and Tosara

Pharmax Ltd and Tasara Ltd will change their trading names to Forest Laboratories Europe from August 1. Prescription products such as Colomycin, Suscard Buccal, Predfoam, Fletchers' and Syscor MR will come under the Forest Laboratories Europe ethical division. Faren Laboratories Europe Healthcare will represent products such as the infant colic drops Infacol, the antiseptic Sudacrem, Exorex Latian and Oleomed extra virgin olive oil. The two other divisions are Community Care and Export.

UniChem's Pharmacy Finance Scheme available from RBS

UniChem's Pharmacy Finance Scheme, which offers pharmacists low cost finance deals, is now available from two high street banks after the Royal Bank of Scotland agreed to make the scheme available through its branches. The scheme, which offers low cost financial options with no associated bank or security fees, has so far been run in association with National Westminster Bank.

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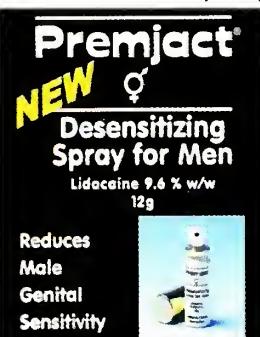


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FREE LEGAL ADVICE



Chemist & Druggist's web site – www.dotpharmacy.co.uk – has introduced a service that offers pharmacists free legal advice from a leading solicitors' firm.

The service – dotLaw – is being run with the co-operation of Charles Russell, whose specialist legal fields include pharmacy matters.

Pharmacists are advised to e-mail their questions to – pharmlaw@ubmint.com – along with their full name and the name of their pharmacy. The latter two details are for C&D's records only – pharmacists' identities will be kept anonymous when the answers are published.

All the questions and Charles Russell's replies, which will be available in two working days, will appear on a new dotPharmacy page called dotLaw.

Back issues

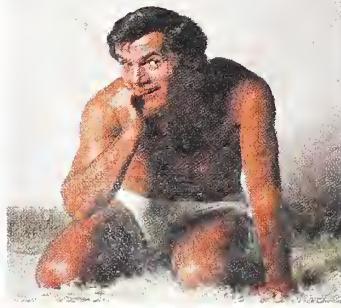
It could have been verse...

This delightful poetic description of an old-fashioned pharmacy appeared 50 years ago, in the July 14 issue of *C&D*. While much has changed since those days, the occasional pharmacist with a skull-like face can still be found, particularly in the *C&D* office the morning after one of our social occasions.

To Mr Wren the chemist's shop,
And stood outside a while to see
The tall, big bellied bottles three
Red, blue and emerald, richly
bright
Each with its burning core of light,



P.W. (Edinburgh)
Nobody else had really thought out a proper
disposable system before!



At last someone's thought out a disposable nappy system that really works.
With three sizes of nappy for babies of all ages.
And three sizes of disposable plastic pants. Isn't it time you got into them?

Tuft Tails

This interesting advert, above, appeared on July 3, 1976. Does anybody recognise the "retailers"? Were they pharmacists? Have they been released yet? Thank goodness advertising has moved on!

The bell chimed as she pushed the door,
Spotless the oilcloth on the floor,
Limpid as water each glass case,
Each thing precisely in its place,
Rows of small drawers, black-lettered
each
With curious words of foreign
speech,
Ranked high above the other ware,
The strange old fragrance filled the
air,
A fragrance like the garden pink,
But tinged with vague medicinal stink
Of camphor, soap, new sponges, blent
With chloroform and violet scent
And Wren the chemist, tall and spare,
Stood gaunt behind his counter there,
Quiet and very wise he seemed,
With skull-like face, bald head that
gleamed;
Through spectacles his eyes looked
kind,
He wore a pencil tucked behind
His ear. And never he mistakes
The wildest signs the doctor makes
Prescribing drugs. Brown paper,
string.
He will not use for anything,
But all in neat white parcels packs
And seals them up with sealing-wax,
Miss Thompson bowed and blushed,
and then
Undoubting bought of Mr Wren,
Being free from modern scepticism,
A bottle for her rheumatism;
Also some peppermints to take
In case of wind; an oval cake
Of scented soap; a penny square
Of pungent naphthaline to scare
The moth. And after Wren had
wrapped
And sealed the lot, Miss Thompson
clapped
Them in beside the fish and
shoes;
"Good day," she says, and off she
goes.

From "Miss Thompson
Goes Shopping" by
Martin Armstrong

APPOINTMENTS

Chris Thompson, formerly with Co-operative Retail Services and the Co-operative Wholesale Society, has been appointed head of United Co-op's Health Care Group with responsibility for 130 branches, as well as for Sants Distributors and Hadley Health Care. ReNeuron has appointed **Dr John McDonald** as new business development director. He previously worked for Glaxo Wellcome, Medeva and Lipoxen Technologies. Unilever Cosmetics International has appointed **Michelle Healy** as national sales manager and **Raj Singh** as marketing manager for European Designer Perfumes. **Marian Hodges** and **Laura Price** have both been appointed technical editor-writers at the National Institute for Clinical Excellence.



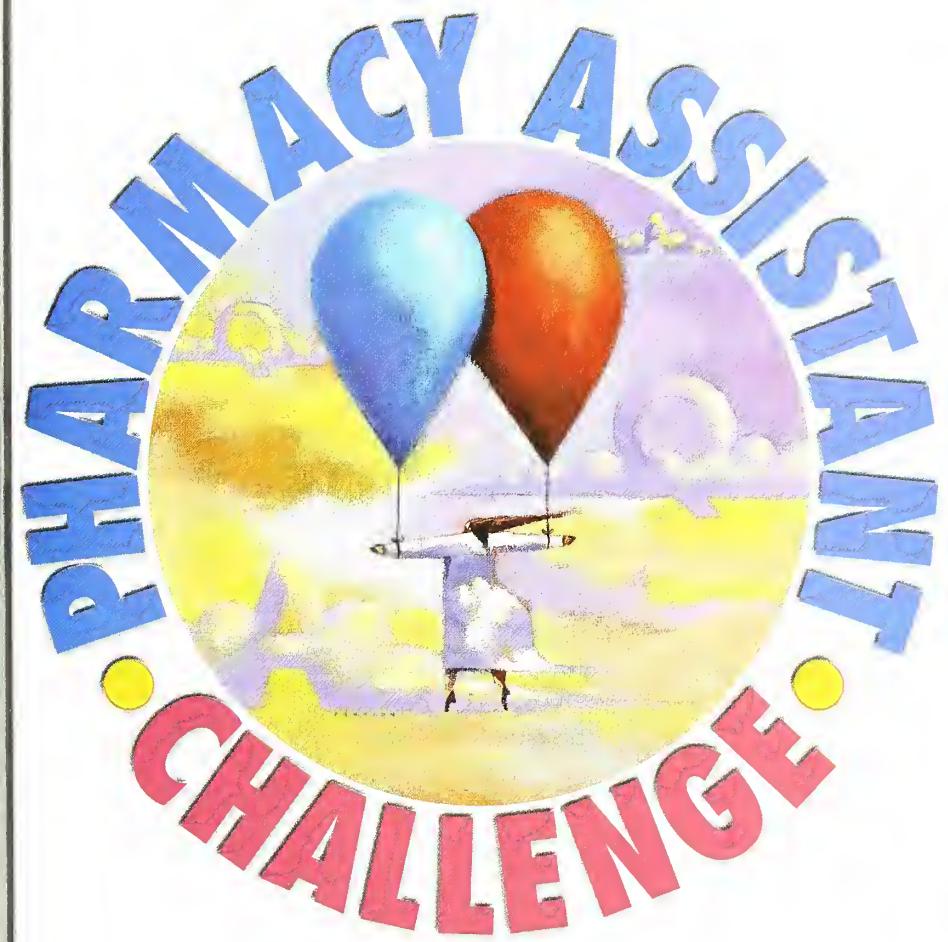
Chris Thompson



Over 100 Boots staff were led on a 30-minute lunchtime walk around part of the Boots site recently by Ken Piggott, managing director of Boots the Chemists. Although it sounds like some sort of detention, it was in aid of Wellbeing – the health and research charity for women and babies – as part of the Boots Wellbeing week. On a more luxurious note staff were also able to have a facial or a makeover from Elizabeth Arden, a pampering manicure or an application of body art.



The new executive of the British Pharmaceutical Student's Association (BPSA) met in Glasgow last weekend for its first meeting and a changeover with the outgoing executive. Pictured: a merry bunch of BPSA executives, including Catherine Walker (president) and Noel Wicks (ex-president) in the foreground.



A Challenge for your staff...

One of your assistants could win the holiday of their life if they take
the Pharmacy Assistant Challenge

Get your counter assistants to turn to the centre of their Over the Counter magazine, which came with this issue of C&D. There they will find an entry form containing 25 questions based round the Royal Pharmaceutical Society's knowledge base for medicine counter assistants. Answering the questions and completing a tiebreaker could win them a place in a Mastermind-style final in London on November 22.

At the final they will pit their wits against five other assistants to win holiday vouchers for £1,500, £500 or £250, with all finalists getting a certificate and trophy.

Go on. Get your assistants to enter the Pharmacy Assistant Challenge

If you need additional entry forms contact Mary Prebble on 01732 377269

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DOUBLE

WWHAM-Y



New, **pharmacy only**, double strength (10% ibuprofen) gel.

Product information. Nurofen Gel Maximum Strength: Gel for topical administration containing ibuprofen 10% w/w. **Indications:** For the relief of pain and inflammation associated with backache, non-serious arthritic conditions, rheumatic and muscular pain, sprains, strains, sports injuries and neuralgia. **Dosage:** Adults, the elderly and children over 14 years: Squeeze 2 to 5cm of the gel (50 to 125mg ibuprofen) from the tube and lightly rub into the affected area until absorbed. The maximum number of applications of 5cm gel in any 24 hours is four. Wash hands after each application. The dose should not be repeated more frequently than every four hours. Do not exceed the stated dose. Review treatment after 2 weeks, especially if the symptoms worsen or persist. Children under 14 years: Do not use on children under 14

years of age except on the advice of a doctor. **Precautions and Warnings:** Apply with gentle massage only. Avoid contact with eyes, mucous membranes and inflamed or broken skin. Discontinue if rash develops. Hands should be washed immediately after use. Not for use with occlusive dressings. The label will state: Do not exceed the stated dose. Keep out of the reach of children. For external use only. If symptoms persist consult your doctor or pharmacist. Do not use if you are allergic to ibuprofen or any of the ingredients, aspirin or any other painkillers. Consult your doctor before use if you are taking aspirin or any other pain relieving medication, you are pregnant. Not recommended for children under 14 years. **Side Effects:** Hypersensitivity reactions have been reported following treatment with ibuprofen. These may consist of

a) non-specific allergic reaction and anaphylaxis, b) respiratory reactivity comprising of asthma, aggravated a bronchospasm or dyspnoea, or c) assorted skin disorders including rashes of various types, pruritis, urticaria, periorbital angioedema and less commonly, bullous dermatoses (including epidermal necrolysis and erythema multiforme). Gastrointestinal: abdominal pain, dyspepsia. **Product Licence Number:** PL 10972/0082. **Licence Holder:** Goldshield Group PLC (trading style: Goldshield Pharmaceuticals) NLA Tower, 12-16 Addiscombe Road, Croydon CR0 4EE. **Legal Category:** P. **Price:** MRRP £5.25. **Date of preparation:** June 2001. Distributed by Crookes Healthcare Limited, Nottingham, NG2 3AA. NU295.

CHEMIST & DRUGGIST PUBLICATION FOR PHARMACY ASSISTANTS

O V E R T H E C O U N T E R

OTC

JULY 2001

www.rennieduo.co.uk

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Product Information Nurofen For Children: Suspension containing ibuprofen 100 mg/5 ml. **Prescription and OTC:** For the fast and effective reduction of fever, including post immunisation pyrexia and the fast and effective relief of mild to moderate pain, such as sore throat, teething pain, toothache, earache, headache, minor aches and sprains. **Dosage:** For pain and fever. The daily dosage of Nurofen For Children is 20-30 mg/kg bodyweight in divided doses. This can be achieved as follows: Infants 6-12 months: One 2.5 ml spoonful may be taken 3 to 4 times in 24 hours. Children 1-3 years: One 5 ml spoonful may be taken 3 times in 24 hours. Children 4-6 years: 7.5 ml (5 ml + 2.5 ml spoonful) may be taken 3 times in 24 hours. Children 7-9 years: Two 5 ml spoonfuls may be taken 3 times in 24 hours. Children 10-12 years: Three 5 ml spoonfuls may be taken 3 times in 24 hours. Not suitable for children under 6 months of age unless advised by your doctor. For Juvenile Rheumatoid Arthritis: The usual daily dosage is 30 to 40 mg/kg/day in three to four divided doses. For post immunisation pyrexia: One 2.5 ml spoonful followed by one further 2.5 ml spoonful 6 hours later if necessary. No more than two 2.5 ml spoonfuls in 24 hours. If the fever is not reduced, consult your doctor. For oral administration. For short term use only.

Contraindications: Hypersensitivity to any of the constituents. Patients with a history of, or existing peptic ulceration. Patients with a history of asthma, rhinitis or urticaria associated with aspirin or other non-steroidal anti-inflammatory drugs. **Precautions and Warnings:** If symptoms persist for more than 3 days, consult your doctor. Do not exceed the stated dose. Caution is required in patients with renal, cardiac or hepatic impairment. Asthma sufferers, anyone allergic to aspirin, receiving any other regular treatment and pregnant women should consult their doctor before taking Nurofen For Children. Nurofen For Children is not suitable for patients who have a stomach ulcer or other stomach disorder. Not recommended for children under 6 months unless advised by a doctor. **Side effects:** Hypersensitivity reactions have been reported following treatment with ibuprofen. These may consist of (a) non-specific allergic reaction and anaphylaxis, (b) respiratory tract reactivity comprising of asthma, aggravated asthma, bronchospasm or dyspnoea, or (c) assorted skin disorders, including rashes of various types, pruritis, urticaria, purpura, angioedema and, more rarely, bullous dermatoses (including epidermal necrolysis and erythema multiforme). Side effects are rare but may include abdominal pain, nausea, dyspepsia and gastrointestinal bleeding and peptic ulceration. Also very rarely thrombocytopenia has been reported. Bronchospasm may be precipitated in patients with a history of aspirin sensitive asthma. **Product Licence Number:** PL 00327/0085. **Licence Holder:** Crookes Healthcare Limited, Nottingham, NG2 3AA. **Legal Category:** P. **Price:** Pack size 100ml: £3.35 Pack size 150 ml: £4.59. **Date of preparation:** June 2001. NU281.



Nothing cools kids faster, further or for longer

Because it works where it's needed, nothing else gives faster, further or longer lasting relief from fever than ibuprofen – the active ingredient in Nurofen for Children. Which means there's nothing else quite like it for keeping children cool and parents calm.

SUPPLEMENT TO CHEMIST & DRUGGIST

July 28, 2001

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Showcase

7

Be our covergirl

Your last chance to enter the OTC Oil of Olay Model of the Year 2001 competition



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Happy families

Consultant pharmacist Mary Allen has advice on forging a relationship with customers during their pregnancy

Hassle-free holes

Jeremy Clitheroe with tips on making sure your customers have a happy – and healthy – holiday

26



Time for a sun ban?

Sarah Purcell investigates how powerfully the safe sun message is getting across

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Counting the cash

John Kerry advises on simple procedures to take the headache out of cashing up

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OVER THE COUNTER

Volume 14 Number 90

July 2001



Chemex 2001

Make sure you don't miss out on the pharmacy trade show of the year

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Plus...

Testing, testing... turns the spotlight on nail polish

8

All the product news in Showcase

10

Freebie – foot pampering products from Scholl

39

DUO. It keeps working so you keep sleeping

Rennie DUO – the first OTC medicine to unleash the power of interactive TV advertising on the British public. Viewers with interactive TV simply click their remote control to get help with heartburn, and find out more about the science of Rennie DUO and where to find special offers.

This means more and more of your customers will be asking for DUO from the trusted Rennie brand name.

When heartburn strikes and you need to recommend a fast-acting, soothing and long-lasting remedy to your customers, offer Rennie DUO – powerful relief from acid reflux even at night when heartburn may be more troublesome.

To find out about special offers and for more information visit the Rennie DUO web site www.rennieduo.co.uk or call the Rennie Careline on 08450 736643.

Rennie
DUO

www.rennieduo.co.uk



Ask your pharmacist

Rennie DUO product information: Presentation: Oral suspension; each 10ml (1 dose) contains 300mg sodium alginate, 1200mg calcium carbonate and 140mg magnesium carbonate. Uses: Symptomatic treatment of complaints resulting from gastro-oesophageal reflux and hyperacidity. Dosage: The usual dosage is 10ml to be taken after meals and before retiring. In cases of reflux an additional 10ml dose may be taken between normal doses to a maximum of eight unit doses in 24 hours. Recommended in adults only (above 12 years). PL no 00031/0518. Legal category: GSL restricted to Pharmacy only. Roche Consumer Health, 40 Broadwater Road, Welwyn Garden City, Herts AL7 3AY. ALWAYS READ THE LABEL.

Rennie DUO and Rennie are registered trademarks.

News



The challenges continue to pile up and it can truly be said that in 2001 pharmacy is facing its biggest changes for many years.

Hot on the heels of the decision to scrap RPM, the election delivered a second term to the Labour Government, which has all sorts of plans for a major shake-up of the NHS, and these will undoubtedly have significant knock-on effects for pharmacy.

And with self-selection of P medicines being trialed by a number of pharmacy retailers, the pharmacy assistant has not only to have a comprehensive knowledge of the products on sale – but will also need eyes in the back of her head!

If all that leaves you feeling stressed you may not be too pleased to see that OTC has another couple of challenges to offer you.

But these challenges are both fun and ultimately very rewarding.

The Pharmacy Assistant Challenge, run by Over The Counter in association with the bone health supplement Caltrate Plus, tests your pharmacy knowledge, while the OTC/Oil of Olay Model of the Year 2001 could transform you into a super model! Turn to page 7 to see how your smile could send you on a glamorous trip to London, where you will have a fabulous make-over and become our cover girl. So what are you waiting for – a holiday, a makeover or a pampering freebie on page 39 – the choice is yours.

You could even treble your chances and go for all three!

Lesley Keen

Supplement Co-ordinator

How mother chewing gum helps reduce child's tooth decay

Mothers who chew sugar-free chewing gum may help reduce their child's tooth decay by more than 70 per cent.

This is the finding of a clinical study carried out at the Institute of Dentistry at Finland's Turku University and published in the *Journal of Dental Research*.

The study aimed to establish whether gum sweetened with xylitol could reduce the transmission of harmful *mutans streptococci* (MS) bacteria from mother to child and so reduce the risk of dental caries in the child.

The 195 mothers who took part were recruited while they were pregnant and were assigned to one of three groups. One group chewed gum sweetened with xylitol about four times a day from three to 24 months after their baby was born, while those in the two control groups received

fluoride or chlorhexidine varnish treatments at six, 12 and 18 months after delivery.

The study measured the children's level of tooth decay at five years and showed that in the xylitol group, the children's tooth decay levels were reduced by 71-74 per cent compared with the control groups.

Xylitol is a naturally occurring sweetener made from natural sources such as birch wood. It is used in many sugar-free chewing gums as well as other oral hygiene products such as mouthwash, toothpaste, sprays and floss.

For more information on how mothers and mothers-to-be can influence the health of their children, turn to our pregnancy feature on page 23.

Learn about suncare with Vantage

AAH Pharmaceuticals offers a distance-learning programme for suncare preparations through Vantage.

The programme is designed for medicine



Lloydspharmacy staff have been finding out more about herbs to meet the growing interest from customers. Herbal medicine is one of the fastest growing areas for the company and six training evenings were held across the country, sponsored by Lichtwer Pharma. During each evening, staff were challenged to produce a poster focusing on a particular herb and pictured with their winner – extolling the virtues of St John's Wort – are staff from the branch at East Horsley in Surrey. Pictured (left to right) with their poster and their champagne prize are: Karen Kilburn, Sue Hughes, Belinda Gray, Elaine Francis, Gemma Biden and Smita Patel with (far left) Mark Oliver, regional manager of Lloydspharmacy and (far right) Dick Middleton, technical director of Lichtwer Pharma UK.

counter and sales assistants and incorporates exercises and case studies to reinforce key learning points.

These include:

- defining what sun is and its effects
- explaining what UVA and UVB rays are
- identifying people at high risk
- choosing and recommending appropriate products for consumers.

Ian Bray, marketing director at AAH, said: "Within independent pharmacy, sales for sun protection products account for around £6 million, with particular growth from sensitive and children's lines. Furthermore, purchasing habits are showing a shift towards higher SPF products due to combination of education and the linear pricing policies adopted by manufacturers.



Could this be the aerosol of the future? This futuristic spherical aluminium container won 22 year-old student Richard Blo a six-month placement at the L'Oréal packaging research centre in Paris. Richard, a student at The Arts Institute Bournemouth, said: "The spherical aluminium aerosol was based on research findings that this was the best structure for internal pressure as it is equal at all points. The range was designed with airline gift bags in mind, a use that would best suit its nature." The prize was given by the British Aerosol Manufacturers' Association, which sponsored the aerosol innovation award this year's Royal Society of Art Student Design Awards.

Mothers vote for pharmacy

Research by Novartis Consumer Health reveals that new mothers are placing their trust in their local pharmacist for advice on minor illnesses.

They are also confident that the pharmacist will know the answer, with three-quarters saying their pharmacist has an excellent knowledge of health issues.

They also praised pharmacists for their discretion (70 per cent) and approachable attitude (75 per cent).

The survey shows that 80 per cent of mothers would consult their local pharmacist within one day if their child shows the first symptoms of a cough or cold.

The research was commissioned as part of the Tixylix sponsorship of *Mother and Baby* magazine's "Child Friendly Pharmacy of the Year Award."

Pos material and entry forms for parents to nominate a pharmacy are available for display in pharmacies. Special packs are available from Novartis representatives or by phoning 01403 323948.

Free testing at Weldricks

Weldricks Pharmacy has introduced a free quality control service for Roche blood glucose meters.

The new service, sponsored by Roche Diagnostics, invites diabetes patients to take their Roche blood glucose meters for testing each time they visit their pharmacy for a prescription.

Staff at each of the 35 branches have undergone training to carry out the tests and a procedures manual has gone to each branch.

Superintendent pharmacist Richard Wells said: "We hope this new service will strengthen the pharmacist/patient relationship by providing an opportunity to discuss both diabetes and general health matters on a regular basis with the patient."

Be aware of health weeks

Sexual Health Week starts on July 30, focusing on sexually transmitted infections and the risks to sexual health.

Foot Health Week starts on August 4 and Daktarin Gold has teamed up with the Society of Chiropodists and Podiatrists to offer free foot checks during the week. More details are available at www.feetforlife.org

Migraine Awareness Week starts on September 3, highlighting the problem which affects an estimated one in 10 of the population.

National PMS Awareness Week starts on September 10, highlighting the current treatments and support networks available to help sufferers.

Cystitis Action Week begins on September 24 and is sponsored by Roche Consumer Health, manufacturer of Cystopurin® in association with WellBeing, the female health charity.



While most of the attention at Royal Ascot is on heads and the outrageous hats worn by many of the women attending the race meeting, footcare specialist Scholl turned the spotlight firmly on to the feet. As footsore and legweary racegoers made their way home, a team from Scholl was there to offer a refreshing spray of Scholl Revitalising Spray. More than 2,000 female racegoers enjoyed the cooling spray, which contains extracts of guarana seed and horse chestnut, and more than 4,000 received copies of the Scholl 4 Step Footcare Routine leaflet, with a money off voucher. The Royal Ascot sampling was part of an ongoing programme for Scholl footcare products.

● If you would like to try a little Scholl foot pampering for yourself, turn to page 39 for this issue's super freebie.

The material outlines the scientific evidence on the vaccine and tackles parents' concerns, including the alleged link with bowel disease and autism and the issue of whether the vaccines should be given separately.

RPSGB president Marshall Davies said: "Pharmacists have access to detailed information on immunisation and are an easily accessible source of knowledge. Parents who have questions or concerns about MMR vaccine will find the pharmacy a useful and convenient source of advice and reassurance."

Further information on the vaccine is available on the Health Promotion England website – www.immunisation.org.uk

Pharmacists who have not received the information can write to HPE Customer Services, PO Box 269, Abingdon, Oxford, OX14 4YN, or fax 01235 465556.

Mos-guard Natural winners

The following readers who responded to our May "Freebie" offer will receive a Mosi-guard Natural insect repellent worth £4.99 – ideal to keep biting insects at bay.

Sukhwinder Kaur Dulai, of Walsall; Claire Wells, of Dunoon; Kelly Butterly, of Hull; S MacDougall, of Argyll; Elke Baldeweine, of Worksop; Helen Nelson, of Gosport; V Pollock, of Argyll; Mrs C M Varney, of Stoke-on-Trent; Mrs Sheila Bailey, of Blackpool; Miss Sheeja House, of Leyton, London; Mrs A Surti, of Leicester; Jennifer Harris, of Sheffield; Claire Bell, of Gateshead; Kathy Normington, of Shipley; Lesley Simons, of Solihull; Miss P Jones, of Wallasey; Heather Crawford, of CoTyrone.

Jeanette Riley took the Pharmacy Assistant Challenge last year – and ended up a winner, with this lovely cut glass rose bowl and £1,500 in holiday vouchers. Now it's your chance to show your knowledge as OTC and Caltrate Plus get together again to issue another challenge. Turn to page 19 for more details.

Tackling parents' fears on MMR

Pharmacists have extra help in talking to concerned parents about the MMR vaccine with a new package of leaflets, posters and factsheets produced by Health Promotion England and sponsored by the RPSGB and the Pharmacy Healthcare Scheme.

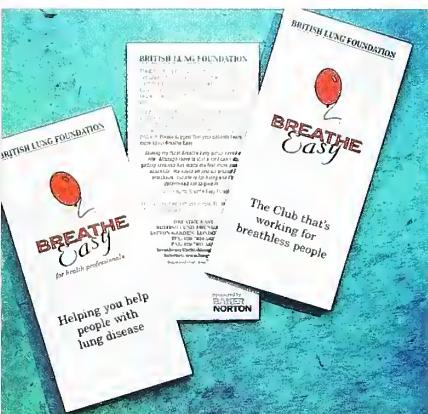
The leaflets can be given to worried parents, while the factsheets act as a guide when answering questions and offering further advice.





It's a ground-breaking moment for AAH pharmaceuticals as operational manager Mark James, Swansea branch manager David Coffey and south west regional director John Medlock start work on a new £2 million branch. The purpose-built distribution centre, which is due for completion in October, will cover 6,500 square metres. The company says it will mean that orders

can be processed even more efficiently and the AAH blue tote box, in which products are delivered elsewhere in the country, will be introduced. Employees at the existing Swansea branch will be offered the chance to move to the new site.



Helping you to help patients breathe easily

The British Lung Foundation is supporting the work of its Breathe Easy Club with the launch of two new leaflets sponsored by Baker Norton, manufacturers of the Easi-Breathe inhaler.

Breathe Easy for Health Professionals and *Breathe Easy* have been launched to promote the benefits the support and information network for anyone with lung disease, their friends, family and carers.

Dr John Williams, consultant chest physician at Halton Hospital in Cheshire, said: "Sometimes patients are too intimidated to ask their doctor or nurse for advice. The Breathe Easy Club provides a friendly forum for them to get what they want, from people who know what they are going through."

Breathe Easy offers patients 116 support groups throughout the UK and it offers health professionals regular symposia on developments and issues surrounding respiratory care

and annual updates on research.

Copies of the leaflets and more details of the Breath Easy Club are available from The British Lung Foundation, 78 Hatton Garden, London EC1N 8LD or e-mail breatheeasy@britishlungfoundation.com

Numark's top assistant will take a holiday

Numark is launching a competition to find its Sales Assistant of the Year 2001.

The contest, which is open to any Numark sales assistant who works more than 32 hours a week, will co-incide with Numark's latest training programme, which rolls out in September and October.

The prize for the overall winner is £1,000 in holiday vouchers.

The contestants have to answer a questionnaire which will be sent to all Numark pharmacies along with an application form for the phase three training courses in the autumn. The questions will cover general pharmacy sales knowledge and most will be covered in the training sessions.

Twenty finalists will be chosen and they will attend a gala weekend at a hotel and health spa in November where the final judging will take place and the winner and two runners up will receive their prizes. The second prize winner will receive a TV video system and the third prize is a DVD player. For more information, contact the retail services department on 01827 841200.

Spotlight on indigestion

The Consumer Health Information Centre has produced a new leaflet to help people understand the causes, triggers and treatment of heartburn and indigestion.

The leaflet is part of CHIC's public awareness campaign which was prompted by the results of a survey which revealed that people know little about these problems.

The survey found that:

- one in five people thought heartburn is caused by acid around the heart
- a similar number thought it is caused by eating food that is too hot
- six per cent thought "feeling sad" was a cause
- only 45 per cent would take an OTC medicine when they had indigestion
- three per cent would ask their pharmacist for advice.

Community pharmacist Gerald Zeidman, a member of the CHIC Advisory Panel said: "The level of public awareness about indigestion is really quite low. This campaign will help raise awareness of the causes, symptoms and types of

indigestion, so that when people come to the pharmacy for help, they can describe their symptoms properly and get the right treatment."

The leaflet was produced in collaboration with the Royal Pharmaceutical Society of Great Britain, the National Pharmaceutical Association and the Doctor Patient Partnership, and is available free from CHIC, PO Box 16382, London WC1A 2QB or by phoning 020 7404 7842. It is also available from the website www.chic.org.uk

Indigestion

A guide to the symptoms of indigestion (dyspepsia) and how to treat them with 'over-the-counter' remedies

Web Watch



Kleenex mops up hay fever worries

The Kleenex Hayfever Survival site at www.hayfeversurvival.co.uk offers tips and tactics to survive the hay fever season. The site runs until the end of the summer, when www.wintersurvival.co.uk will be back.

Diabetes on the web

Abbott Laboratories has launched a website for people of all ages with diabetes. The website www.diabetessnow.co features tips on how to keep fit and healthy, plus interactive and educational games for children.

Numark goes alternative

Numark has launched a new alternative health encyclopaedia on its Numark Pharmacists' website. The *Your Health, Your Choice Encyclopaedia* is available in the encyclopaedia section of www.numarkpharmacists.com a visitors select one of six sections on various forms of alternative medicine.

One more chance to be our covergirl

When you open a magazine and see those flawless faces staring back at you, do you ever wonder where the stylists find such amazing beauties?

The answer is that they take people just like you and make the most of their best features, using skilful make-up and photography to create that porcelain skin, those jutting cheekbones, endless eyelashes and perfect pout.

Now one lucky reader will have a chance to experience a magazine makeover first hand when she is chosen as our OTC Oil of Olay Model of the Year 2001.

It's your chance to step out from behind the counter and into the spotlight as we turn you into a model for a day.

This is a competition where your face is your fortune, so don't be put off if you are not as tall or skinny as a supermodel and you certainly don't have to be a classic beauty - we are looking for a face with character and charm.

We are delighted to be joined this year by Oil of Olay, the UK's number one moisturiser brand, which offers a wide range of skincare and cosmetics for all women from their 20s onwards.

OTC and Oil of Olay plan to give our winner a glamorous day she will never forget! She will be brought to London for an all expenses paid day at a photographic studio and



we'll also pay travel expenses for a friend to accompany her.

Our winner will be given new looks by a top hair stylist and her radiant complexion and make-up will be created by one of Olay's experts. Then each of her new looks will be captured on camera by a leading photographer - and she will receive a set of large-size prints to keep. She will also receive Olay cosmetics and skincare products worth £200.

That's not all - one of her

new looks will feature on the cover of the November issue of OTC, with two more shots used in features during the coming year.

We will also choose three runners-up, each of whom will receive Olay products worth £50 and there are tubs of Olay Daily Facials Cleansing Cloths for each of the first 100 readers to enter.

So what are you waiting for? If you are a part-time or full-time assistant in a UK pharmacy, just fill in the coupon, attach a recent photograph of yourself and send it in. We will accept

OTC
Oil of
OLAY
Model of the
Year
2001

photocopies if more than one person from the same pharmacy wants to enter and you can even e-mail your details, including a clear photograph in JPEG format to otc@cmpinformation.com.

The closing date for entries is August 21 2001.



OLAY
Oil of

We all know that a high quality cleansing routine is the key to truly beautiful skin.

These days our busy, stressful lives leave little time for self-indulgent pampering at beauty salons to ensure your skin always looks in tiptop condition.

The next best thing to make sure your skin is looking its glowing best is Olay's Daily Facials Cleansing Cloths - a revolution in cleansing.

By simply adding water you can experience a little bit of a facial every day.

The specially textured cloth releases a luxurious lather that effectively removes dirt, oil and even make up, leaving your skin beautifully soft and salon smooth.



APPLICATION FORM

To enter: Please complete the coupon and send it, with a recent, clear photograph, to OTC/Oil of Olay model competition, CMP Information Ltd, Sovereign House, Sovereign Way, Tonbridge, Kent TN9 1RW. Photocopies are acceptable.

Name.....

Address.....

Post code.....

Telephone.....

Name of pharmacy.....

Testing, testing...

Cosmetics have to have staying power these days and following our look at longer lasting lipsticks in the last issue of OTC, this time we turn the spotlight on long-lasting nail polishes as our testers see how long it takes for the first signs of wear and tear to appear

Nail polish: L'Oréal LaquiResist, £4.99

Tester: Jacki Shaw, from Brixham, Devon

Jacki was pleased with the "neat and appealing" packaging and found the polish very easy to apply. It covered in one coat without streaking, though two coats gave the colour greater depth.

She found the L'Oréal polish lasted longer than regular products, surviving for four days during which it underwent typing, gloveless washing up and housework. She thought the price was about average for a long-lasting product.

Length of time before polish chipped or wore: four days

Nail polish: Max Factor Diamond Hard 3 in 1, £5.00

Tester: Grace Paradise, from Halifax

Grace does not usually wear a long-lasting polish and she thought the Max Factor packaging was attractive. She found the polish was quite thick, but it covered smoothly in one coat and lasted through two days of typing, gloveless housework and washing up.

Length of time before polish chipped or wore: two days

Nail polish: Bourjois Shock Resistant, £4.95

Tester: Pauline McCarthy, from Sunbury-on-Thames, Middlesex

Pauline liked the packaging and found

the polish very easy to apply, but said she found it rather "watery and it needed two coats to obtain even coverage". She did no housework or washing up without gloves and no typing while wearing the polish and it lasted for four days.

Length of time before polish chipped or wore: four days

Nail polish: Maybelline Ultra Lasting, £3.99

Tester: Amy Wiseman, from Leicester

"A bit plain and boring" was Amy's verdict on the packaging, but from then on, things got much better. The good sized brush made the polish easy to apply, giving excellent coverage with one coat and in spite of lots of typing and washing up without gloves, there were no chips or wear for four days.

"It definitely lasts longer than a regular nail varnish," said Amy. She points out that on the front of the bottle it says the polish lasts up to seven days, but this is qualified on the back, saying that seven days' wear can be achieved if the polish is used with a top coat. Amy did not have any top coat, so used the polish alone.

Length of time before polish chipped or wore: four days

Nail polish: Rimmel Lasting Finish, £2.89

Tester: Jane Gallienne, from Guernsey

Jane had not tried a long lasting polish before and she found the Rimmel product easy to apply. She says the texture was rather "watery", but it covered smoothly in one coat.

"I did some keyboard work and I never wear gloves for housework, but it looked good for three days," she said and she added: "And I don't skimp when I do my housework, so it was a real test!"

She said she was surprised at how well the polish performed. "It could have done with a little more depth of colour and I think maybe applying two coats would give that depth, otherwise it was exceptional and I would certainly recommend it. It is also good value for money."

Length of time before polish chipped or wore: three days

Nail polish: Margaret Astor Ultra Diamant, £4.99

Tester: Elizabeth McQuaid, from Glasgow

Elizabeth thought the product and packaging looked attractive and she found the polish easy to apply, with one coat giving smooth cover. She typed and washed up and did housework without gloves and found the polish lasted longer than a regular product.

"Overall, I thought it was a very nice polish and would certainly buy this brand. It was also good value," she said.

Length of time before polish chipped or wore: three days

So much for DIY efforts, how do the professionals score? OTC Supplement Co-ordinator Lesley Keen had a professional manicure at a London salon, with base coat, two coats of standard polish and a top coat. How long did it last? "My nails looked perfect at lunchtime and the first noticeable chip appeared on the evening of the following day, even though I had not done any typing and used gloves for housework and washing up," said Lesley. "So all our testers had better results from their long-lasting products."

We have not published marks out of 10 in this issue. We asked testers to apply and wear the product we supplied just as they would a normal polish and then report on how long it lasted without wearing or chipping.



BIGGEST EVER
NATIONAL
TV
CAMPAIGN

Mousse away head lice with a simple 30 minute treatment



- Full Marks Mousse helps kill head lice and their eggs quickly and conveniently
- Easy-to-use – no mess, no fuss and it's pleasant smelling
- Four-week national TV campaign starts 20 August on ITV, C4, GMTV, C5 and BSkyB
- Excellent profit opportunity



II Marks Mousse Prescribing Information. Indications: For the treatment of head lice infestation. Active Ingredient: Phenothrin 0.5% w/w. Dosage and Administration: Shake can well turning it downward to dispense mousse. Apply sufficient mousse to dry hair until all the hair and scalp are thoroughly moistened. Allow the hair to dry naturally and leave for 30 minutes. Shampoo the hair as normal. Rinse and comb whilst wet to remove dead head lice and eggs. Contraindications, Warnings, etc: Not to be used on infants under six months of age unless under medical advice. Avoid contact with the eyes. Treatment may affect permed, bleached or coloured hair. Keep out of the reach of children. Contains alcohol which may exacerbate asthma and eczema. Flammable, so apply with care and do not use artificial heat. If inadvertently swallowed a doctor should be contacted at once. If used by a healthcare professional to treat a large number of patients, protective plastic or rubber gloves should be worn. Continued prolonged treatment should be avoided. It should not be used more than once a week and for not more than three consecutive weeks. Very rarely skin irritation has been reported. Do not use this product if you are sensitive to pyrethroids. Legal Category: P Price: 50g £4.15, 150g £9.75. Product Reference Number: PL11314/0102. Product Licence Holder: Seton Products Limited, Oldham OL1 3HS. Date of Preparation: April 2000. For further information contact the product licence holder.

Showcase



New Piriton packaging for all seasons

Allergy remedy **Piriton** has been relaunched with new packaging which focuses more strongly on symptoms.

Both Piriton tablets and Syrup are designed for year-round use to relieve allergic conditions and the new packaging moves away from a "seasonal" image.

Piriton Syrup, which can be taken by all the family, including babies over one year, is now in a lightweight, unbreakable plastic bottle.

The brand is being supported by a £2.1 million marketing package.

Glaxo SmithKline Consumer Healthcare. Tel: 020 8560 5151.



Juvela's new gluten-free pastas

SHS International has extended the Juvela gluten-free range with **Juvela Gluten-Free Pasta**.

The pasta is available as fusilli, spaghetti, lasagne and macaroni and is

suitable for those who must avoid gluten, wheat, egg, milk and lactose.

Juvela is the leading UK gluten-free prescription brand and the company says the launch of the pasta means it can now offer all the staple foods needed on a gluten-free diet, including bread and rolls, flour replacement mixes, crispbreads and biscuits.

The range is available from mid-August on prescription for coeliac disease and dermatitis herpetiformis and also over the counter from pharmacies. SHS International Ltd. Tel: 0151 228 1992.



She stoops to conker

New to the Healthcrafts range is **Horse Chestnut Complex**, for customers with non-severe varicose or thread veins.

The complex (60 tablets, £9.99) combines extracts of horse chestnut seed, butcher's broom, rutin and grape seed which have been traditionally used to soothe tired and aching legs.

The active ingredients, found naturally in the plants, combine to reduce the incidence of nocturnal muscle spasms, calm inflammation, reduce swelling and improve micro-circulation associated with

varicose veins. Peter Black Healthcare Ltd. Tel: 01283 228373.

New way to monitor fertility

Carter-Wallace's new fertility monitor can be used as a means of family planning or a contraceptive device.

The **First Response Fertility Monitor** incorporates Cyclotest digital technology to identify the rise in temperature associated with ovulation.

The monitor (£99.95) predicts the fertile and infertile days of each monthly cycle and these are shown on the display. It stores up to 12 previous cycles.

The manufacturers say the monitor has been shown to be up to 99 per cent effective in predicting a woman's most fertile time.

Carter-Wallace Ltd. Tel: 01303 221686.

Introducing the new 'bowel bible'

Reckitt Benckiser, which manufactures **Senokot** and **Fybogel**, has produced a new constipation training initiative for pharmacies.

The **Pharmacy Constipation Knowledge pack**, which the company says it hopes will become pharmacy's "bowel bible", is designed to help staff diagnose and advise on constipation confidently.

The pack covers the digestive system, constipation and its causes, identifying the customer's problem, and information on more serious disorders. Reckitt Benckiser. Tel: 0500 455456.

Pedal power to help avoid DVT

Parkside Healthcare is launching **Sky Walker**, a compact pedalling device designed to help reduce the risk of travel-related deep vein thrombosis.

The device (£6.00) was developed by a vascular surgeon to provide exercise for prolonged sitting during flights. It is designed to help improve blood circulation, prevent swollen ankles and feet and relieve numb and tired feelings in the legs.

It can be folded to fit into a travel bag and store in a seat pocket. Parkside Healthcare. Tel: 0161 795 2792.

Keep informed on iron with Spatone

The maker of **Spatone Iron+**, Sea-Band, the natural liquid iron supplement, has put together information for consumers and health professionals.

A booklet for health professionals – *Have you ever come across anyone who cannot tolerate iron pills?* – contains information about Spatone. It compares it with other sources of iron and stresses its importance for certain groups of people, including women before, during and after pregnancy, vegetarians and vegans and those who are particularly active.

A free Spatone education video, a shelf display unit and consumer leaflets on pregnancy and iron in general are available.

As the iron in Spatone is in solution it does not have to be dissolved in the gut before being absorbed. This means only small amounts of Spatone



are needed to deliver the daily iron requirement and this can help avoid common side effects of iron supplementation such as constipation, stomach irritation and headaches.

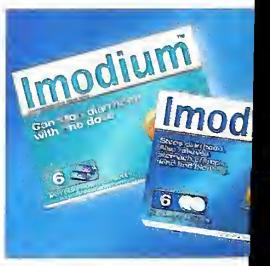
Sea-Band Ltd. Tel: 01455 639750.

Imodium gets a brand new look

Johnson & Johnson MSD has repackaged the **Imodium** range of antidiarrhoeals.

The packs have been redesigned to heighten the "family" resemblance across the range and to improve on-shelf visibility, and feature a new turquoise and yellow Imodium brand icon. Pack size and tablet/capsule details have also been made bolder and clearer.

Purple or turquoise colour coding differentiates **Imodium** and **Imodium Plus** variants and the new look will be on shelf in time for a TV campaign for Imodium Plus, which continues until August 23. Johnson & Johnson MSD Consumer Pharmaceuticals. Tel: 01494 450778.



Briefs

Temperature in a second

The ThermoScan Plus one-second infrared ear thermometer from Braun Health and Wellness has a new look designed to emphasise the product's suitability for babies as well as children and adults. Retail price is £39.99, with lens filter refills available in boxes of 40 (rsp £5.99).

Braun UK.
Tel: 020 8560 1234.

Now women can go to Xtremes

Wilkinson Sword has launched a women's variant of its Xtreme III razor - **Xtreme III Beauty**. The triple-blade, single-piece razor features an aloe and lanolin moisturising strip and a pack of four retails at £4.49.

Wilkinson Sword Ltd.
Tel: 01494 533300.

Rand Rocket launches support range

Abcare Stil Neoprene supports, from Rand Rocket, are designed to produce thermal, even pressure, sheathing and stabilising effects. They are suitable for the wrist, elbow, ankle, leg, kneecap, shoulder and back.

Rand Rocket Ltd.
Tel: 01207 591099.

Splashing down in the Kids-Zone

MPM Consumer Products is launching a fun shampoo range for children. **Kids-Zone 2 in 1** shampoos come in four fragrances and retail at £0.99.

MPM Consumer Products.
Tel: 0161 231 6111.

kept in a tightly sealed airtight container and some patients find it hard to open them.

The Easi-Opener is a blue, oval-shaped device with a hook at the end and it works in the same way as a bottle opener. A trench on the underside can be used to help lift off the lid.

The Easi-Opener is available free by calling 0800 701000. Patients using the line should have their Roche meter to hand as they will need to confirm the meter serial number.

● Roche is offering the Accu-Chek Glucotrend 2 and the Accu-Chek Advantage meters at a special price of £18 until August 31. Customers should obtain a £7 voucher from their pharmacist or specialist nurse or by calling 0800 701000. Roche Diagnostics Ltd. Tel: 01273 480444.

The strips must be

Speedy relief from a new generation

Johnson & Johnson MSD is launching **Pepciditwo**, a new GSL treatment for heartburn, acid indigestion and excess acid into UK pharmacies and grocers in September.

It contains antacids (calcium carbonate 800mg, magnesium hydroxide 165mg) and an acid-balancer (famotidine 10mg).

The company is to support the launch with a major campaign later this year.

The product will be available in two sizes, retailing at £2.25 for six tablets and £3.85 for 12. A two-tablet trial pack (rsp around £0.50p) will be introduced for the launch period. Johnson & Johnson MSD Consumer Pharmaceuticals. Tel: 01494 450778.



Calcium addition for bone and joint health

Peter Black Healthcare is expanding its **Calcia** range with **Calcia Glucosamine** with calcium and vitamin D.

The company says the new product fills a niche in the market for those who want to maintain the health of both bones and joints. Calcia Glucosamine (90 tablets, £4.99) is aimed at men and women over 20 and the daily dose of three tablets provides 1,000 mg of glucosamine with 800mg of calcium (100 per cent of RDA) and 5mcg of vitamin D (100 per cent of RDA).

The original Calcia calcium supplement has been revitalised

with new, bold packaging.

Peter Black Healthcare Ltd.
Tel: 01283 228373.

Swiss range of gelatin-free soft capsules

Brunel Healthcare is launching the **Vertese** range of gelatin-free soft capsule food supplements in the UK.

The capsules have been developed in Switzerland by SwissCaps and are based on potato starch, making them suitable for vegetarians and non-red meat eaters.

The range is being introduced with four supplements: **Vertese Evening Primrose Oil** in 500mg (£3.49) and 1,000mg (£5.99) capsules; **Vertese High Strength Natural Vitamin E capsules** (£5.19); **Vertese High Strength Odour Controlled Garlic** 350mg capsules (£3.19); **Vertese Cod Liver Oil capsules** in 550mg (£2.49) and 100mg (£3.19).

All are 100 per cent vegetable based, GM free and have not been tested on animals. Brunel Healthcare. Tel: 0117 946 5511.

Moss scores a first with own-brand

Moss Pharmacy has launched the first products in its own-brand range with analgesics, counter medicinals and film.

All products have a strong design reflecting the Moss corporate identity, comprehensive product information, and directions in tabular form.

The analgesics comprise: **paracetamol tablets** (550mg) in 16 and 32 pack sizes, retailing at £0.35 and £0.59; **paracetamol caplets** in packs of 16 and 32, retailing at £0.35 and £0.65; **aspirin tablets** (300mg) in 16 (£0.35) and 32 (£0.59) pack sizes.

The counter medicinals include **olive oil** (92ml, £1.32), **clove oil** (100ml, £0.94), **almond oil** (50ml, £0.69) citric



acid mono B.P (50mg, £0.63).

The **Ultima** photographic range is launched with 24 and 36 exposure 35mm films (ISO400), at £2.49 and £2.99 respectively.

Moss is supporting the launch with window posters, leaflets, and special promotions.

Moss Pharmacy.
Tel: 020 8890 9333.

Calpol grows up with melt-in-the-mouth tablet

New from Warner Lambert Consumer Healthcare are **Calpol Fast melts**,

paracetamol-based "melt-in-the-mouth" tablets for children aged 6-12.

The P licensed tablets contain 250mg of paracetamol. They have been developed to bridge the six+ gap in children's analgesics.

The launch is being supported by a £4 million marketing programme, including



TV advertising in September and October and a Pharmasite campaign. PoS and window display material is available for pharmacies.

The tablets are in a child-resistant blister pack. Retail price is £1.99 (12 tablets) and £3.39 (24 tablets). Warner Lambert Consumer Healthcare. Tel: 023 8064 1400.

Opening gambit from Roche Diagnostics

Roche Diagnostics has launched the **Accu-Chek Easi-Opener**, a hand-held device to help people with diabetes who have dexterity problems to open test strip pots more easily.

The strips must be



Colief adds new instructions

Britannia Health has added breastfeeding instructions to the packaging for its **Colief Infant Drops**.

The drops break down the lactose present in milk and milk products into simple sugars, making the feed more digestible. Undigested lactose can cause temporary discomfort, bloatedness and wind which is an important factor in some babies with colic.

Colief can be used at every feed until this form of lactose intolerance passes. The drops should be added to breast or formula milk and refrigerated before feeding. They can be used from birth onwards and the 7ml bottle (£9.99) contains enough for 80 feeds. Britannia Health Products Ltd. Tel: 01737 773741.

Lifeplan's famous five

Lifeplan Products is launching five new products, including a powdered probiotic formulation, **CultureCare**, which does not need refrigeration.

CultureCare (14 sachets, £5.49) is dairy free, contains no sugar and comes in a foil sachet that makes it easy to take travelling.

Three new formulations to meet the nutritional needs of the family are: **Women's Multinutrient**,

Children's Multinutrient and **Super Multinutrient** – a high strength multivitamin and mineral formulation. Retail prices range from £4.99 to £5.49.

The fifth newcomer is **Standardised KavaKava** (30 tablets, £4.49). Lifeplan Products Ltd. Tel: 01455 556281.

E45 moisture with a new look

Crookes Healthcare has redesigned the packaging for its E45 Sun range.

The range, now divided into lotion and sun block sub-ranges, has a new, more vibrant look.

E45 Sun Lotion, in SPF 15 and 30, is a new formula which rubs in easily without whitening the skin. The lotion also contains moisturisers, making it suitable for dry and sensitive skin.

The SPF 8 and 15 products in the **E45 Sun Block** sub-range have been discontinued and the sun block is now available in SPF25 and 50. The sun block is suitable for the delicate skin of infants



and for extremely sun sensitive skin. The **Sunstick** is still available in SPF25.

All E45 Sun products offer maximum UVA protection and retail prices are from £3.49 to £10.79.

Aftersun is available in 200ml bottles. Crookes Healthcare Ltd. Tel: 0115 953 9922.

Help for lactose intolerance

Myplan is introducing new **Milkaid** chewable tablets to help ease

lactose intolerance.

The raspberry-flavoured tablets supersede Lactaid products which have now been discontinued.

Retail price is £12.99 for 120 tablets in a sealed drum. Myplan Ltd. Tel: 016845 40441.

Johnson's has the kids covered this summer

Johnson & Johnson suncare is introducing new cream and lotion formats for babies in its core child and baby range.

Both **Baby Lotion** and **Baby Cream** are



SPF40, with the lotion retailing at £10.99 for 200ml and the cream at £8.99 for 75ml.

The range also includes **SPF35 Kids Lotion** (200ml, £10.99), **SPF20 Kids Spray** (200ml, £11.99), **SPF15 Kids Lotion** (200ml, £9.25) and **Aftersun Lotion** (200ml, £5.49).

All the products offer protection for up to 80 minutes. They are sand and water-resistant and dermatologically tested.

The Kids range offers a greater range of SPFs, improved visibility of SPF and new product descriptor. Novartis Consumer Health. Tel: 01403 210211.

Smart way to a healthy heart

Optima Health is launching **HeartSmart**, a food supplement designed to help maintain a healthy heart and circulation. HeartSmart contains

Briefs

Synergie Stop to ageing

New **Synergie Stop Anti-Ageing Daily Moisturiser** contains a combination of pure retinol and vitamin C to offer a more complete action against the first signs of ageing. The hypoallergenic formula is available in 40ml tubes (£8.49).

Laboratoires Garnier. Tel: 0161 555 1400.

Supranettes clean up

Alcon Laboratories is introducing **Supranettes** eye-cleansing wipes into the UK. The sterile, disposable wipes are designed specifically for the hygiene and care of eyelids and eyelashes. Each wipe is sealed in an individual sachet. Retail price is £3.95 for a box of 20. Alcon Laboratories (UK) Ltd. Tel: 01442 341234.

Elastoplast strips go active

New **Elastoplast Active Gel Strips** incorporate gel technology to create a moist environment to help wounds heal faster with less chance of scarring. The strips protect the wound like a second skin and can be left on for up to seven days.

Beiersdorf UK Ltd.

Tel: 0121 327 4750.

red wine extract, fish oils, garlic, vitamins B6, B12 and folic acid and has been endorsed by pioneering heart surgeon, Professor Christian Barnard. Retail price is £6.95 for 30. Optima Health. Tel: 01274 488511.

Mu-Cron joins up with Otrivine

Novartis Consumer Health is rebranding Mu-Cron tablets and incorporating them into the Otrivine range as **Otrivine Mu-Cron Decongestant Tablets**. The tablets contain pseudoephedrine and paracetamol. The packaging has been redesigned to reflect the Otrivine branding.

Retail prices are £2.79 for 12 tablets and £4.09 for 24. Novartis Consumer Health. Tel: 01403 210211.

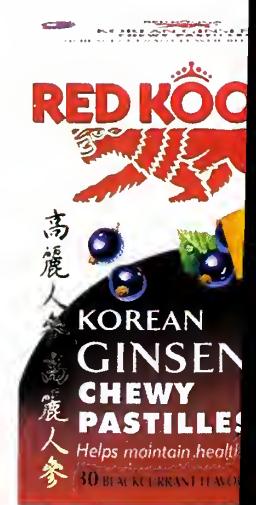
Now a ginseng you can chew

Red Kooga has introduced a new chewable ginseng pastille to its range. Blackcurrant and cranberry-flavoured **Red Kooga Pastilles** (rsp £3.99) contain

300mg of Korean ginseng and the packaging features the distinctive red and white Red Kooga livery.

Peter Black Healthcare believes the new format will appeal to younger consumers who may have felt that ginseng products were beyond their budget.

The launch is supported with a strong PR campaign, advertising and in-store initiatives, with free PoS material from territory managers. Peter Black Healthcare Ltd. Tel: 01283 228373.



DOUBLE WHAM-Y



New, **pharmacy only**, double strength (10% ibuprofen) gel.

Product information. Nurofen Gel Maximum Strength: for topical administration containing ibuprofen 10% w/w. **indications:** For the relief of pain and inflammation associated with backache, non-serious arthritic conditions, traumatic and muscular pain, sprains, strains, sports injuries and neuralgia. **Dosage:** Adults, the elderly and children over 12 years: Squeeze 2 to 5cm of the gel (50 to 125mg ibuprofen) from the tube and lightly rub into the affected area until absorbed. The maximum number of applications of 5cm gel in 24 hours is four. Wash hands after each application. The dose should not be repeated more frequently than every four hours. Do not exceed the stated dose. Review treatment after 2 weeks, especially if the symptoms worsen or persist. Children under 14 years: Do not use on children under 14

years of age except on the advice of a doctor. **Precautions and Warnings:** Apply with gentle massage only. Avoid contact with eyes, mucous membranes and inflamed or broken skin. Discontinue if rash develops. Hands should be washed immediately after use. Not for use with occlusive dressings. The label will state: Do not exceed the stated dose. Keep out of the reach of children. For external use only. If symptoms persist consult your doctor or pharmacist. Do not use if you are allergic to ibuprofen or any of the ingredients, aspirin or any other painkillers. Consult your doctor before use if you are taking aspirin or any other pain relieving medication, you are pregnant. Not recommended for children under 14 years. **Side Effects:** Hypersensitivity reactions have been reported following treatment with ibuprofen. These may consist of

a) non-specific allergic reaction and anaphylaxis. b) respiratory tract reactivity comprising of asthma, aggravated asthma, bronchospasm or dyspnoea, or c) assorted skin disorders, including rashes of various types, pruritis, urticaria, purpura, angioedema and less commonly, bullous dermatoses (including epidermal necrolysis and erythema multiforme). Gastro-intestinal: abdominal pain, dyspepsia. **Product Licence Number:** PL 10972/0082. **Licence Holder:** Goldshield Group PLC (trading style Goldshield Pharmaceuticals), NLA Tower, 12-16 Addiscombe Road, Croydon CR0 0XT. **Legal Category:** P. **Price:** MRRP £5.25. **Date of preparation:** June 2001. Distributed by Crookes Healthcare Limited, Nottingham, NG2 3AA. NU295.



Tisserand is awash with lavender

New **Lavender Cream Body Wash** from Tisserand is a skin conditioning wash to cleanse and fragrance the skin.

It contains organic lavender essential oil and softening herbal extracts of aloe, sea fennel and calendula. The body wash can be used in the bath or shower and retails at £6.99.

Also new is a **PMT Cushion** and **PMT Oil Blend** to combat the discomfort of pre-menstrual tension.

The cushion contains wheat berries and can be heated in the microwave. After heating, the oil blend is applied to the cushion to release a soothing aroma.

Retail price is £17.99 (including a bottle of Oil Blend). The Oil Blend retails at £5.99 for 9ml.

● A **Nursery Vaporiser (£26.00)** is new in the Baby Bliss range from the same company. The vaporiser is used with **Nursery Oil**, a combination of lavender and sweet orange, to help soothe a restless baby. Aromatherapy Products Ltd. Tel: 01273 325666.

Steri-bottle goes straight into the mouths of babes

New in pharmacies from Chemist Brokers is **Steri-bottle**, a single use, rigid infant bottle designed to avoid the need for sterilisation before use.

Once filled, the bottle self-seals and it is thrown away after use.

It is manufactured under strict hygiene conditions and sterilised by an electronic process.

The individually wrapped bottles are



particularly suitable for holidays and when feeding infants away from home.

It is available in two sizes with a choice of teats, suitable for newborns to three months and infants over three months.

A £1 million marketing programme including advertising in parenting magazines and a radio campaign will support the launch.

Retail prices are £1.89 for 125ml (four pack) £1.99 for 250ml (four pack) and £9.99 for 24.

Chemist Brokers Ltd. Tel: 02392 222500.

Problem nails? Manicare has the prescription

Mancare's three new Prescription Kits aim to tackle specific nail problems.

The **Body Builder Kit** contains Calcium Gel and Organic Cuticle Therapy to help promote healthy nail growth by replenishing moisture and vitamins.

The **Anti Age Kit** contains Brittle Nail Solver and Nourishing Gel to replace lost moisture and help combat the brittleness and yellowing which are often associated with ageing.

The **Break The Habit Kit** contains Stop That! and Growth Booster to help deter nail biters and help nails to grow stronger more quickly.

The kits retail at £5.99 each.

Mancare has also launched two **Pamper Packs** – peppermint and lavender – with exfoliating, nourishing and treatment products and it has introduced two new



French Manicure Kits with blue and lilac tints.

Cork International.



Now women can go to the Super-Max

Sterling Four has launched a women's version of the triple blade disposable razor which the company introduced in the UK earlier this year.

Super-Max 3 Exclusively for Women is a disposable triple blade razor which features Sterling Four's Nature Strip 3 with vitamin E, aloe vera and tea tree oil.

The lilac razor (pack of four, £2.49) is designed with a longer, heavier handle for improved grip and control and a pivoting head to minimise nicks and cuts.

The launch is being supported by a £2m marketing campaign targeting women aged 25-45 and this will also extend to 16-24 year olds.

Sterling Four. Tel: 020 8844 1433.



Hair raising value

Cork International is introducing value tubs for its **Lady Jayne** hair accessories this summer.

Three different tubs contain classic tortoiseshell claw clips (£0.69), an assortment of scrunchies in different colours and fabrics (£0.99) or a selection of Lady Jayne styling brushes (£1.99).

The tubs will be available to all independent pharmacies and wholesalers.

Cork International. Tel: 0115 978 4271.



A bold new look for Natra

The Natra range has been given a facelift to emphasise that its herbal formulations may be traditional, but they are not "old".

Natracalm and **Natrasleep** remain in their recognised colours of green and blue, but now with bolder tones and a more streamlined pack design.

The packs have also been changed from landscape to portrait and the size is increased, with Natracalm in packs of 100 and Natrasleep in packs of 50.

A PR campaign supports the brand. Peter Black Healthcare. Tel: 01283 228373.

Briefs

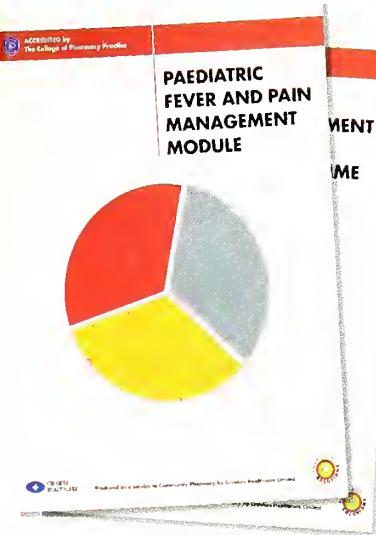
Bite back with Once Bitten

New from Bioconcepts is **Once Bitten** – a pocket sized pen to help relieve the discomfort of insect and mosquito bites, jellyfish stings and nettle rash. The pen releases a micro dose of cooling lotion when the transparent window is pressed. The product will be exclusive to Boots until May 2002. Bioconcepts Ltd. Tel: 023 9249 9133.

New Superspecs designs

Direct Perception is expanding its **Superspecs** range of reading glasses with new unisex designs based on top selling frames on sale in UK opticians. Direct Perception Ltd. Tel: 020 8551 1315.

LEARN ABOUT THE TRUE MEANING OF PAIN.



Now there's a new paediatric fever and pain module from the CPP accredited Pharmacy Solutions pain management training programme. Do you know enough about fever and pain? You will after completing the award-winning Pharmacy Solutions programme.

 ACCREDITED by
The College of Pharmacy Practice

To take part in the programme, talk to your Crookes Healthcare representative, or complete and return this coupon.

I would like to receive the new Pharmacy Solutions paediatric fever and pain module (module 5 only)

I would like to receive the Pharmacy Solutions training programme (modules 1-5)

Title _____ Forename _____ Surname _____

Address _____

Postcode _____

Pharmacy _____

NUOTC _____

please return to: Pharmacy Solutions,
PO BOX 415, Peterborough, PE1 1QW

 CROOKES
HEALTHCARE

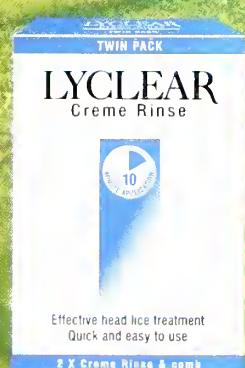
Accreditation by the College of Pharmacy Practice does not imply endorsement of any products featured



10 MINUTES AGO THE WILSONS DISCOVERED THEY HAD HEAD LICE.



It only takes 10 minutes to treat head lice effectively with Lyclear. Yet it's gentle, pleasant smelling and easy to use. As well as single packs, Lyclear is available in twin packs so two people can be treated. Which is bad news for head lice but good news for families.



Permethrin

SENTATION: 1% permethrin in an orange creme rinse base. **USES:** Treatment of head lice. **Dosage and administration:** Adults and children over 6 months: wash, rinse towed dry hair. Apply enough Lyclear Creme Rinse to saturate the hair and scalp, leave 10 minutes then rinse. **Contra-indications:** Hypersensitivity. **Pregnancy and lactation:**

Under medical supervision. **Side effects:** Generally well-tolerated, rarely scalp irritation. **RRP:** 59ml £3.79, 2x59ml £6.99. **Legal category:** P. **Further information:** Warner Lambert Consumer Healthcare, Chestnut Avenue, Eastleigh SO53 3ZQ. **Product licence number:** 15513/0019. **Date of preparation:** July 2001.



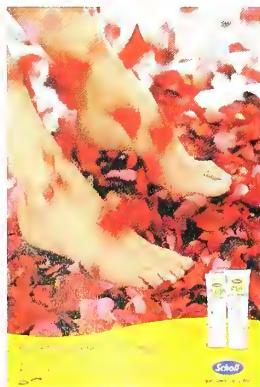
Calypso fires up with TV campaign

Calypso Dry Oil Spray is the focus of a new TV campaign by maker Linco Care.

The 30-second commercial shows a family sitting on the beach covered from head to toe in fire protection suits, exaggerating the measures people take to protect themselves from the sun.

The company says the dry oil formulation can be sprayed straight on to the skin, even through the hair. Research suggests that parents have been quick to appreciate the advantages of a product which is applied in seconds so there is no need for children to stand still for a long period while it is applied.

The Calypso range retails from £3.49 to £6.99 a bottle. Linco Care Ltd. Tel: 0161 777 9229.



Scholl steps out on TV and in the press

The **Scholl** footcare range is being promoted with a TV and press advertising campaign targeting health and body conscious women.

The campaign is designed to promote the positive wellbeing

benefits of footcare and the need for specialist footcare products.

It features different Scholl ranges in a series of lifestyle advertisements focusing on foot skincare, odour and tired, aching feet and legs.

The TV commercial is on air until August 5 and the press advertising will appear in women's magazines until October.

The campaign is part of a £3 million marketing programme which includes sampling via health clubs, gyms and sports and lifestyle events. SSL International plc. Tel: 0161 654 3000.



Calming the chaos with Hedex

Hedex is again featuring a busy mum in three chaotic family situations in a new national press campaign.

The adverts show her struggling with her young family in the kitchen, on the bus and in the supermarket – situations designed to strike a chord with the core target audience of C1, C2 women aged 20-44.

The full-page ads feature in titles including *Take A Break, Bella, Best and Woman* until September.

The campaign is the first part of a £500,000 above-the-line package for Hedex, with further support in the autumn.

GlaxoSmithKline Consumer Healthcare UK. Tel: 020 8560 5151.

Organics and the 'feel good' factor

Lever Fabergé takes a more emotional look at women and their relationship with their hair in a new press and TV advertising campaign for its revamped Organics range.

The TV campaign, which runs through the summer, features two 30-second executions showing how well a good hair day can make women feel and a 10-second advert which focuses on the idea that when your hair looks great, you want everyone to notice.

Press advertising starts with July issues and continues until September. One of the press ads looks at how women change their hair according to where they are in a relationship, while another looks at the way women use their hair to get what they want.

Lever Fabergé. Tel: 020 8481 6000.

No more 'bumps in the night' with Jungle Formula

The insect repellent brand **Jungle Formula** aims to help travellers beat the bugs that bite with targeted



advertising and a new consumer leaflet.

The **Extra Strength** range is being advertised on 550,000 ticket wallets which are being distributed through multiple and independent UK travel agents this summer.

The campaign specifically targets longhaul travellers,

Briefs

Summer terrors

Aventis Pharma is supporting its **Anthisan Bite and Sting Cream** with a £250,000 press campaign this summer. The dramatic advertisements show the hidden terrors that can lurk in the garden. Aventis Pharma Ltd. Tel: 0990 133347.

Summer push for Canesten

Bayer is supporting **Canesten Once** with a TV, radio and press campaign this summer. The TV commercial draws a parallel between the irritation of the buzzing mosquito with that of vaginal thrush. A series of radio commercials are being broadcast nationwide. This activity is combined with in-store and PoS initiatives. Bayer plc. Tel: 01635 563000.

reminding them when they receive their tickets to buy their Jungle Formula products as approved by the Hospital for Tropical Diseases.

The new leaflet – *An informative guide to things that make bumps in the night* – is being distributed to doctors' surgeries.

The leaflet contains information and advice on safe travel, the Jungle Formula range and useful websites to visit before setting out on holiday.

An accompanying poster highlights the fact that the **Jungle Formula Extra Strength** range has been approved by the Hospital for Tropical Diseases for use in



SunSense makes an impact

New PoS materials from Australia's number one sun care brand, **SunSense**, are designed to make an impact in UK pharmacies.

The material includes showcards, shelf edgers and consumer leaflets. The company is also running an extensive PR campaign throughout the year.

The range includes products with SPFs from 20 to 60, including water-resistant products and others formulated for sensitive skin, the face and neck, for sports enthusiasts and for children. The products are free from PABA, PAPA derivatives and lanolin.

Consumer press advertising continues through the peak selling period for sun products.

Lagap Pharmaceuticals Ltd. Tel: 01420 478301.



Take the challenge and win the holiday of your dreams

Show what you know and win a £1,500 holiday on the Pharmacy Assistant Challenge.

Over the Counter, in association with **Caltrate Plus***, challenges you to test your knowledge
and win the holiday of a lifetime

In recent years the pharmacy assistant's role has changed dramatically, particularly in relation to what you are expected to know. Training requirements for medicines counter assistants (MCAs), introduced by the Royal Pharmaceutical Society in 1995, led to the introduction of accredited training courses such as the C&D/Whitehall Laboratories Cambridge

Counterpart course for pharmacy assistants. However, training is a continuous process that is not finished the minute you obtain your certificate. OTC and **Caltrate Plus** are offering you the opportunity to show us what you know. You could win a top prize of £1,500 worth of holiday vouchers, or runners-up prizes of £500 or £250.

*Trade mark

Caltrate Plus* - Helps keep bones stronger for longer

Nothing can hold back the hands of time. When you consider that, from around the menopause, 1 in 3 women will suffer from significant loss of bone density, keeping bones strong is crucial.

Living bones

Bone is a living tissue which is constantly being broken down and rebuilt throughout your lifetime. It is estimated that the whole skeleton is replaced every two years in children and every seven years in adults. Bones therefore need constant nourishment throughout life in order to keep them strong and healthy.

Calcium is constantly being lost from and replaced in the bones every day of our lives. As a result we have more calcium in our bones at certain times than at others and this is all part of the normal lifecycle of bone.

Childhood

During infancy, childhood and adolescence, calcium is being actively deposited in growing bones. Almost half of the calcium in bones is deposited during adolescence. Therefore this is a very important time to ensure a good supply of calcium rich foods.

Early adulthood

Calcium continues to be actively deposited in bones, but at a slower rate. Between the ages of 25-35 years, peak bone density is achieved. The process of calcium being re-absorbed and re-deposited in the bones continues constantly thereafter, but no net increase in calcium is achieved. It is therefore important to maintain the level of calcium within the bones.

Mature adulthood and the menopause

Once peak calcium levels have



been achieved, more calcium is lost from the bone than is actively deposited. This is normal, but for women the menopause brings about an acceleration of bone process, because the level of circulating female hormone (oestrogen) drops. Therefore the positive benefit that oestrogen normally has on bone is lost. Hormone replacement therapy (HRT) is often prescribed at this time and is designed to replace oestrogen, which the ovaries stop producing at the menopause. HRT therefore restores the positive

benefits of oestrogen on bone. Scientists have now demonstrated that this effect can be increased further by ensuring a diet rich in calcium, because calcium works synergistically with HRT.

Why recommend a bone health supplement?

Significant loss in bone density is becoming one of the most common conditions of the 21st century for women over 50, and the management and treatment of this condition can cost the NHS £1.5 billion each year. Considering this,

simply recommending a bone health supplement to your customers to help maintain bone strength is a natural decision.

How much calcium is needed?

Given today's demanding lifestyles, ensuring a regular daily intake of calcium rich foods is not always easy, especially when you consider that the National Osteoporosis Society recommends between 1000mg and 1500mg of calcium per day, dependent upon age. That is the equivalent of 1.5-2 whole pints of milk.

That's where **Caltrate Plus** can help, by providing a complete calcium supplement for those who need more than their diet provides.

Why Recommend Caltrate Plus?

- **Caltrate Plus** contains more calcium than any other complete bone fortifying supplement
- Plus vitamin D and magnesium, to help deliver calcium to the bones
- Plus other important nutrients that are essential for bone health, including manganese, boron, copper and zinc
- Available in an easy to swallow or a fruit flavoured chewable tablet.

Caltrate Plus - Contains more calcium than any other complete bone fortifying supplement.

If you have any questions about **Caltrate Plus** contact the Whitehall Careline on 0845 111 0151 or by email on careline@md.ahp.com.

* Trade Mark

How to enter the Pharmacy Assistant Challenge

Answer the first 20 questions below, which are based on the Royal Pharmaceutical Society's counter assistants' syllabus. Then answer the last five questions on bone health, using the advertorial on the facing page. These five questions will be used in the event of a tie. Finally, complete the tiebreaker in no more than 30 words. **2.** Fill in your name and your pharmacy's name, address and telephone number on the coupon below. Ask your pharmacist to countersign the form, then fold it up and post it - no stamp is necessary. **3.** The closing date for entries is August 31. **4.** To complete your entry, simply tick either the 'true' or 'false' box for each of the 25 questions and, in block capitals, complete the tiebreaker. Fill in your personal details, detach and fold this form as shown to reveal the Freepost address, and send it on its way. Additional forms are available from Whitehall representatives. **5.** After completing the entry form, turn over for details of the final and the prizes. **6.** If you haven't completed an MCA course and want to know more about what is included in the RPSGB's syllabus, then ring Mary Prebble on 01732 377269. Mary will send you an application form for a set of C&D's Cambridge Counterpart course modules.

The Questions

Tick either the 'True' or 'False' box for each question

1. Smoking can cause indigestion True False
2. Cough suppressants should be recommended for a chesty cough True False
3. Benzoyl peroxide is an acne treatment True False
4. Mebendazole is for athlete's foot True False
5. Eczema is a viral infection True False
6. Anti-inflammatory nasal sprays used in hayfever cause drowsiness True False
7. Contact lens cases should be cleaned every day True False
8. Hungry babies can be given solids at two months old True False
9. Antacids containing calcium can interfere with antibiotics True False
10. Ranitidine helps the stomach empty more quickly True False
11. Constipation is when you don't have a daily bowel movement True False
12. Diphenhydramine is a shorter acting sleep aid than promethazine True False
13. Moles that are itching and bleeding can be treated with an antiseptic cream True False
14. A woman asking for a thrush remedy for the first time should be referred to the pharmacist True False
15. You can sell pholcodine linctus if the

pharmacist is at lunch

True False

16. Aspirin is best taken with food

True False

17. Alcohol should be avoided when taking sedating antihistamines

True False

18. People with epilepsy are entitled to free prescriptions

True False

19. Vitamin A & D supplements are recommended for bottle fed babies drinking less than 500ml of infant formula a day

True False

20. Someone who burns after two minutes in the hot mid-day sun will burn after 30 minutes when using a product with SPF 15

True False

The following five questions will be used in the event of a tie. Answers can be found in the advertorial on the facing page.

21. From around the menopause 1 in 4 women will suffer from significant loss of bone density

True False

22. It is beneficial for a bone health

supplement to be taken in conjunction with HRT

True False

23. Bone reaches its peak density at age 25-35

True False

24. The National Osteoporosis Society recommends a weekly intake of calcium equivalent to 1.5-2 pints of milk per week

True False

25. Vitamin D and magnesium help deliver calcium to the bones.

True False

Complete the following tiebreaker in no more than 30 words: 'Caltrate Plus helps keep bones stronger for longer because...'

Your details - complete in BLOCK CAPITALS

Your name.....

Pharmacy name.....

Pharmacy address.....

Postcode..... Tel no (daytime).....

Pharmacist's name.....

Pharmacist's signature.....

SPONSORED BY

Caltrate
Plus*

OTC

Rules **1.** Each entrant must be a pharmacy assistant. This must be confirmed by the pharmacist on the entry form. Entry is open to pharmacy assistants in the UK. **2.** The finalists will be the six entrants registering the highest score on the first 20 questions, chosen on the basis of two from each of the following regions: Northern England, Scotland and Northern Ireland, the Midlands and Wales, and the south of England. We will pay your travel expenses and the travel expenses of your companion from anywhere in the UK. **3.** If three or more entrants in a region tie, the judges will select the two finalists on the basis of the additional five questions on bone health and the tiebreaker. The judges will comprise the editor of C&D, the OTC supplement co-ordinator and the Caltrate Plus brand manager. **4.** The judges' decision is final and no correspondence will be entered into. Finalists will be notified of their success by September 8, 2001. **5.** In the last round the adjudicator's decision will be final. In the event of a tie, the finalist with the fewest passes will win. If there is still a tie, each of the two finalists will face another five questions with the above rules in force. **6.** The results of the final on November 22 will be published in OTC January 2002. **7.** The prizes are as stated overleaf under 'What you can win'. **8.** Additional entry forms are available from Emma Nichols at Whitehall laboratories (tel: 01628 414880) and from Whitehall sales representatives. **9.** The closing date for entries is August 31, 2001. Chemist & Druggist retains the right to publish pictures and details of the winners. **10.** Copies of the knowledge requirements and formulary specified by the RPSGB are available on request from Mary Prebble on 01732 377269.

- First prize is holiday vouchers worth £1,500, a certificate and a trophy
 - The runner-up will receive holiday vouchers worth £500, a certificate and a trophy
 - Third prize is £250, a certificate and a trophy
- The remaining three finalists will be presented with a trophy and a certificate

How to enter

Simply answer the 25 questions on the previous page, and complete our tiebreaker. Fill in your name, and the name, address and telephone number of your pharmacy where shown. Ask your pharmacist to countersign the form, then fold it up and post it - no stamp is necessary.

Remember that the closing date for entries is August 31.

A day to remember

Six finalists will be selected from the correct entries and invited to a hotel in central London for the grand final on Thursday, November 22. You can bring a partner or friend with you for moral support and we will pay all your travel costs, so don't let distance from London put you off entering.

Each finalist will have three minutes to answer a series of questions based on the Royal Pharmaceutical Society's medicines counter assistant syllabus. The aim is to correctly answer the maximum number of questions in the set time. If you do not know the answer you can simply pass on that question and move on to the next.

The question round will be followed by an awards ceremony and lunch.

Why Caltrate Plus is involved with the Pharmacy Assistant Challenge for the second year

Whitehall Laboratories have always supported community pharmacy and recognise the importance of the counter staff in the provision of help and advice. This is particularly vital in the area of bone health, as so many people are affected by a loss of bone density, yet the awareness of the condition is extremely low. Our support of the Pharmacy Assistant Challenge through Caltrate Plus is our way of showing our appreciation to you, the counter assistant, for your support in making Caltrate Plus a successful product.

Caltrate
Plus*



Helps keep bones
stronger for longer

BUSINESS REPLY SERVICE
Licence No TN36

United Business Media
INTERNATIONAL

Mary Prebble

Pharmacy Editorial Projects

Pharmacy Assistant Challenge

Over the Counter magazine

UBM International Ltd, Sovereign Way

Tonbridge Kent TN9 1BR

Happy families

Consultant pharmacist **Mary Allen**, MRPharmS, offers advice on how to deal with pregnant customers if you want to form a relationship for life



Each year around 700,000 babies are born in the UK.

This means there are around 70 pregnant women a year to each community pharmacy, another 70 women a year about to become pregnant and around 70 babies a year joining your local population.

All these women need

healthcare advice and many will need over the counter medicines and other pharmacy items. Some will be available from other retail outlets, sometimes cheaper than in your pharmacy, so you may want to think about how you can form a relationship for life with this customer group.

Healthcare for pregnant

women starts before the pregnancy. In spite of the general availability of all kinds of contraception and advice on preventing unwanted pregnancy, one out of every three births today is unplanned. This is quite staggering, particularly when you also consider the emphasis on using condoms to protect against sexually transmitted diseases.

For women – and their men – who plan their pregnancies, care before conception plays an important part in the health of a baby. Parents who are in peak health at conception give their babies the best possible start.

Smoking and drinking

Anyone planning a baby should give up smoking, as smoking by either partner can affect the development of a foetus even before it is conceived. See Box 1 for reasons why would-be

parents should quit.

There are good health information leaflets about smoking and pregnancy and your local health promotion unit may be able to supply some.

Remember that although you can sell nicotine replacement therapy products to non-pregnant customers, any pregnant woman should seek medical advice before using them.

Alcohol, too, should be avoided by both partners before starting a pregnancy as excess alcohol reduces fertility. Alcohol can decrease sperm count, affect sperm motility, and may even cause malformation of sperm.

Heavy drinking during a pregnancy causes reduced birth weight and may increase the risk of some abnormalities. The Government guidelines for pregnant women advise restricting alcohol intake in

Box 1: smoking and making babies

Smoking does babies no favours – before or after conception. It affects both mothers and fathers

Before conception Women	Men	During pregnancy Women	After birth Babies born to smokers
Can delay conception	Affects sperm motility	Increases risk of miscarriage & premature birth Passive smoking can increase risk of early miscarriage by nearly 30 per cent May result in smaller babies	May have increased risk of: • complications • infections during first year Cigarette smoke may increase the chance of cot death

Continued on P24 →

Continued from P23

pregnancy to one or two units once or twice a week.

What you eat

Nutrition is important before a baby is conceived as well as throughout pregnancy. Eating a varied and adequate diet is essential for the baby's development.

Though iron supplements are no longer routinely prescribed in pregnancy, the mother's iron status is important to the health and birthweight of the baby and it takes time to recover after the birth. Teenage mothers, who are themselves still growing, and mothers who have only a short break between pregnancies should see their GPs as they may need to pay special attention to their iron intake through

diet or supplementation.

Folic acid is a very important issue for pregnant women, as a good intake is thought to reduce the risk of neural tube defect, which results in conditions such as spina bifida.

Make sure you stock at least one folic acid supplement and that its use is well promoted. There are some good health promotion leaflets giving information about folic acid – try to obtain some and leave them where women can pick them up.

Pregnancy tests

Your pharmacist may provide a pregnancy testing service. Giving a result provides a great opportunity to recommend an early appointment with a GP for antenatal care – and with a dentist, since pregnancy can leave some women

vulnerable to gum disease. NHS dental care is free during pregnancy.

Even if your pharmacy doesn't provide a testing service, you probably stock home testing kits. Make sure you are familiar with them.

Treating symptoms

Most women sail through pregnancy with little or no discomfort. However, some problems can occur and your customers may ask you for advice. If you have already undertaken Sales of Medicines Training you will know that pregnant customers asking for medicines and advice should usually be referred to the pharmacist.

The development of a baby in the womb may be affected by some drugs, particularly in the first three months of pregnancy, and

women should avoid taking any medicines during this time unless absolutely necessary. Common symptoms that you may be asked about include:

Morning sickness – around 60 per cent of pregnant women suffer with nausea, though they may not actually vomit. This usually occurs up to around 16 weeks of pregnancy. The problem may be worse in the morning, but can continue all day. Because it occurs when the foetus is developing rapidly, a pregnant woman should not take medicines for sickness. Occasionally, a woman may be very sick over a long period, and her health (and that of the baby) may be compromised because of fluid loss and loss of important nutrients. Anyone with this severe type of sickness should see their GP.

Most women find they can help to reduce the problem by eating little and often, having dry toast for breakfast and avoiding the foods that trigger nausea.

Ginger works for some women – in ginger biscuits, ginger cake, crystallised ginger, or an infusion of ginger root in hot water. Travel sickness products that target acupressure points are worth a try.

Indigestion and heartburn – most women suffer indigestion and/or heartburn during pregnancy – usually in the last three months. Although medicines should be avoided in pregnancy, most OTC antacid preparations for heartburn are not considered dangerous to the baby if taken during the last three months. In theory, antacids containing a high sodium content may affect blood pressure in the mother, but is currently thought that this is not a problem unless the mother is on a salt-free diet. The amount of sodium in a dose of Gaviscon, for example, is around the same as in a slice of bread.

Antacids containing aluminium can cause constipation, which can be problematic in pregnancy anyway.

Some products combine antacids with alginate "rafting agents" which form a layer over the top of the stomach contents, helping to prevent regurgitation of stomach contents up the oesophagus. Most women can safely take such products in the last three months of pregnancy, but always refer pregnant



Regular checks ensure that all is well

customers to the pharmacist. Useful advice to reduce indigestion is to:

- eat small frequent meals
- avoid fatty and spicy foods
- sleep with the bed head raised or with extra pillows.

Constipation –

Constipation is very common in pregnancy. It is partly caused by higher levels of circulating progesterone, which relax the smooth muscle of the intestine, slowing down gut activity. If a customer complains of constipation check:

- whether they are drinking plenty of fluid (1-2 litres per day)
- if they are eating plenty of fruit and vegetables
- whether they have been prescribed iron tablets
- whether they are taking other prescribed medicines which may cause constipation
- whether they are getting plenty of non-vigorous exercise.

Refer the customer to the pharmacist, who may recommend:

- increasing intake of fruit and veg, more fluid etc
- a gentle laxative such as psyllium husk (Fybogel) or lactulose

- referral to the doctor or midwife for further advice.

Effects on the bladder – most women experience an increased urge to "pee" during pregnancy. Provided the urine is normal there is no cause for concern.

However, pain on passing urine, or cloudy or bloody urine suggests an infection, so always refer customers to the pharmacist who will probably recommend increasing fluid intake, and will probably recommend a visit to the doctor. Drinking cranberry juice may help.

Thrush – most women experience an increased vaginal discharge during pregnancy. This is nothing to worry about provided the discharge is clear or white and does not have an unpleasant smell.

Anything other than this, particularly if there is itching or irritation, may indicate thrush or even a bacterial infection. Although products are available OTC for thrush you should not sell them for use in pregnancy – the woman should see a doctor to establish the cause. Thrush may be soothed by applying yogurt and by avoiding alkaline soaps. Wearing loose cotton knickers helps to avoid recurrence.

Haemorrhoids (Piles) – piles are common in pregnancy. Women can avoid



A happy outcome from a healthy pregnancy

them by eating a high fibre diet, drinking plenty of fluid and taking plenty of exercise which can help reduce the risk of constipation. Soothing creams or suppositories may help.

Varicose Veins – varicose veins often occur in pregnancy, partly because higher levels of circulating progesterone cause blood vessel walls to relax, resulting in less effective circulation. Constipation makes varicose veins worse, particularly if women strain to pass hard stools.

Pregnant women should:

- avoid standing for long periods
- aim to put their feet up from time to time
- wear support hosiery to reduce the risk of varicose veins.

Graduated compression "socks", or support tights may be used in pregnancy, but check that sizes are correct or they can make matters worse.

Stretch marks – these can't always be avoided, but are more likely to happen if too much weight is gained. Moisturising creams such as Aqueous Cream, E45 or proprietary stretch mark creams help to keep the skin supple.

When medicines are needed

While medicines are generally avoided in pregnancy, especially in the first three months, there may

be some occasions when they are needed.

For aches and pains, paracetamol is generally considered safe, but aspirin and ibuprofen should be avoided, as should most medicines for common ailments other than those dealt with in this article, unless they are taken

under medical supervision.

Pregnancy is a special time in a woman's life. A pregnant mum can't ask a supermarket shelf for advice about preconceptual care, or treatment of common problems.

Make sure your pharmacy focuses on this customer group – and their babies.

Box 2: folic acid and food – good sources (average servings)

Rich	Good	Moderate
Green leafy vegetables, eg Brussels sprouts, spinach, kale	Broccoli, spring greens, cabbage, green beans, cauliflower	Potatoes
Asparagus	Peas, beansprouts, okra, Lettuce	Most other vegetables, fruits and nuts
Cooked black-eyed beans	Cooked soya beans, chick peas	Bread, brown rice, wholemeal pasta, oats
		Cheese, yoghurt, milk
		Eggs
Fortified breakfast cereals	Parsnips	Salmon, beef, game

Folic acid and pregnancy

Government guidelines recommend that:

- any woman planning a pregnancy should take 400 micrograms of folic acid daily as a food or medicinal supplement, from when they start to try to conceive until the 12th week of pregnancy
- women at high risk of producing a baby with a neural defect (ie with a history of a previous child with a neural tube defect or who themselves have spina bifida), who wish to become pregnant, should take 5mg of folic acid daily and continue to take this until the 12th week of pregnancy (5mg folic acid is a prescription-only medicine)

Women should also eat foods that are rich in folic acid (or folate). See Box 2

Hassle-free hols

Jeremy Clitheroe MBE FRPharmS has advice on making sure customers are well prepared before they set off on holiday so they can enjoy the sun, sand and sea to the full

The loss of Resale Price Maintenance has made everyone in pharmacy look very carefully at what they do to keep their customers happy – and to keep them coming back to us rather than going to the opposition!

Travel healthcare advice is a perfect way to demonstrate the added value of pharmacy and the superiority of our customer care.

For example, have you ever thought of producing a computer-printed, dedicated handout to give to all your customers at holiday time? It could be as simple as a checklist for them to keep in their passports, and of course, printed on your shop's letterhead!

Have you thought of giving each patient who is going on holiday a photocopy of their prescription form? It could prove very useful at some Customs inspections when all your customer's medications are laid out and need explaining. Tell them to keep the copy in their passport.

The time when holidays always meant two weeks in August at the seaside in this country has long gone.

The latest European Directive brings longer holidays for everyone and with longhaul trips now more affordable, the choice of holiday destination is boundless. Those once exotic resorts are now the norm for the adventurous, but they bring with them the need for high quality pharmaceutical travel planning. That has to mean us. Try asking the questions at the petrol station, if you are unconvinced!

Health messages

To most of our customers, travel health means only one thing, treating diarrhoea. But many customers will be off to resorts with questionable sanitation and hygiene. They also seem to take their toddlers too, so it is vital that we send them away with one clear health



message above all else — prevention is better than cure. The ultimate proof of that message has to be the potential fatality of untreated infantile dehydration.

Remember the 4Ds for babies under 12 months; diarrhoea, dehydration, headache and doctor. Any baby under one year old with diarrhoea for 24 hours must be seen by a doctor as a matter of urgency.

Try sitting a shelf barker by the films and again at the unpreps to remind us to ask every customer about their holiday plans.

Travel sickness

The prospect of travel sickness is a real worry for some people. They dread the journey out and once here, can only think about the return leg. It is all so unnecessary, providing you plan ahead.

The nausea so many people suffer is thought to be the result of an imbalance between what the brain perceives from the messages from the eyes, and the messages it receives from the semi-circular canals in the inner ear which are responsible for detecting motion.

Our advice has to be, if you are a regular sufferer, to take the medicine the night before, and minimise the triggers which cause the problem. That means keeping the eyes fixed on distant objects, such as the horizon, not reading, ensuring you get plenty of fresh air, and eating and drinking sensibly before the journey. If customers are sailing, they should find the place of least movement, usually in the centre of the ship. Wherever they go, they should find a place where they have a clear view of the horizon.

There is an old wives' tale which says that once you are being sick, nothing will help. That is rubbish. If the occasion arises, look for a preparation containing hyoscine which can be taken without water. Hyoscine works quickly and effectively, but must not be given to people with glaucoma or prostatic enlargement. The package insert will warn of the possible side effects, including blurred vision and urine retention, but these are very rare at normal doses. Antihistamines work well too, but they should be taken before the event, not after. The older generation

antihistamines, such as promethazine and dimenhydrinate, are a little sedative, and, although this may be a bonus, they will interact with alcohol, giving unpredictable and undesirable effects.

Meclozine is a useful product, with the added bonus that if it is taken the night before the journey, it can give 24 hours' protection, and any sedation will have been slept off during the night.

Cinnarizine seems now to be the product of choice used by professional sailors. Requests for Cyclizine should, however, be treated with caution. The product is good, but it has a very high abuse potential with addicts. Always refer such requests to the pharmacist in charge.

Skincare

Skin cancer is the next most commonly raised holiday topic. It can be a killer, but need not be and fortunately not all skin cancers are melanoma. Wherever you go, skin protection is essential for everyone (see Sarah Purcell's feature on page 28).

Emollients should be used by everyone who is going to spend time in the sun, as the sun and the wind dry out the surface of the skin. Rehydrate by drinking plenty of pure water — lots and lots of bottled water — and use lots of aftersun.

If you suffer from coldsores, remember the Zovirax! Many a holiday (and many a holiday romance) has been spoiled because the tube of acyclovir cream is still in the medicine cabinet at home. Ultraviolet light is a known cold sore trigger factor; add a little trauma to the skin surface caused by wind, sand or whatever, and the tingle starts.

Insects

Creepy crawlies are bad enough in themselves, never mind those which bite or sting too.

In Great Britain, our major problem is with bees and wasps. They are usually quite placid until you upset them, but then they sting. There are two major differences in their stings. A wasp has an alkaline venom, whereas a bee has an acidic one, and while a bee's sting is a barbed, once in a lifetime weapon, a wasp's sting is retractable and reusable.

Continued on P28 →

When
your
customer
is
suffering
from
diarrhoea

What
do you
recommend?

COUNSELLING POINTS

- Checklist – title and main message – prevention is better than cure
- Diarrhoea, adults and remember the 4Ds for infants
- Photocopy Rx
- Sunscreens and melanoma
- Don't forget the Zovirax
- Emollients and rehydration
- DVT
- Dehydration – avoid diuretics, alcohol, drink plenty of water
- Malaria prophylaxis
- Wasps and vinegar; bees and bicarb
- Travel checklist – airline tickets, money, travellers cheques, passport, prescription medicines, photocopy of Rx, malaria diary, home pharmacy telephone number
- Condoms – just in case

Continued from P27

If you swat the insect, it may leave its sting in situ. Don't squeeze the site, as you will only spread the venom into the surrounding tissues. Instead, gently ease the sting out and apply a cold compress. If you are out and do not have a pair of tweezers, a plastic credit card works quite well. Just scrape it smoothly across the sting site and out it comes.

People never remember which way round to use bicarb and vinegar for bees and wasps. The key is that the initial letter gives you the clue (as long as you use a little licence in the spelling) – it's bicarb for bees and vinegar (with a "w") for wasps.

Prevention, however, is better than cure. A modern insect repellent such as diethyl toluamide or dimethyl phthalate will help keep the insects at bay.

In countries where mosquitoes are rife, it is wise to wear sensible protective clothing, especially in the evenings, and dab on the preventative! Above all, make sure you advise customers to take the right medication, at the right dosage in the right schedule. The NPA produces an updated Malaria Guide every year. Check it out.

All UK airports, and many pharmacies, sell the electric plug-in mosquito tablet devices. The unit is plugged into the mains supply and, apart from replacing the tablet each day, you can forget it. Some work by emitting a high pitched sound, but the most popular

and well trusted ones have a very small light bulb which vaporises the active ingredient in the tablet during the hours of sleep. They are really effective.

Deep venous thrombosis – DVTs

DVTs are a really hot topic at present and will be the subject of many enquiries.

While still relatively rare, in some cases they can prove fatal. Patients should be alerted not only to what to look for, but how to avoid trouble in the first instance.

The background science is important and you may have to explain, starting from the first principles about how the heart pumps blood around the body through the arteries, carrying nutrients and oxygen to all the tissues and the deoxygenated blood returns to the heart via the veins. This return flow from the legs, called the venous return, has to overcome the force of gravity. Normally, it is helped by the regular contraction of the leg muscles as we walk around, but that is not so if we sit still for any length of time.

Sluggish blood is prone to clot and that means a thrombosis. The symptoms of trouble will be a hot, swollen calf or thigh muscle, a change in skin coloration, and swelling of the ankles.

Airline passengers can help prevent DVTs forming by wearing flight socks. These compress the legs slightly and give support to the veins and you can assure customers that modern flight socks are comfortable and effective.

The airlines take a very responsible view of this problem nowadays and give detailed advice to longhaul passengers in their in-flight magazines. There are recommendations about going walkabout regularly, exercises to do in your seat, maintaining proper hydration by drinking plenty of water, avoiding tea, coffee and alcohol and many other tips. Some airlines have a dedicated channel on their audio system to guide passengers through the exercise regime too.

Turn to page 38 to test what you have learned in this feature. The questions are sponsored by:

**AIR
SOCK**

Time for

Despite years of health campaigns it seems the safe sun message still carries little weight for many people



A survey carried out by the Imperial Cancer Research Fund found that 71 per cent of us think a tan looks healthy and three-quarters of people still like having a tan at some time during the year.

Even more worryingly, 14 per cent of people surveyed said they'd still want a tan even after experiencing a potential skin cancer. The survey also found that 24 per cent only use a low factor sunscreen when sunbathing and 14 per cent claim to use none at all.

"I'm concerned at how desperate some people are for a tan," said Dr Charlotte Proby, consultant dermatologist at the ICRF.

"A suntan shows skin that is being damaged by too much sunlight and is trying to protect itself. Sun-seeking behaviour and inadequate sun protection increase the risk of the skin being burned and this damage will increase the risk of developing skin cancer."

There's still much to be done by health professionals to convince more people that a suntan is a sign of damaged skin, which poses a real risk to their health.

The facts

According to the Cancer Research Campaign, there are 46,000 new cases of skin cancer diagnosed each year but as this only includes reported incidences, the real figure is likely to be much higher. Of these, there were 5,710 cases of the most serious form, malignant melanoma, resulting in 1,000 deaths.

Now the most common cancer in Britain, the incidence of skin cancer has doubled over the past 15 years and continues to rise. And with the impact of global warming on our climate we're likely to see even more cases during the coming decades.

There are several types of skin cancer, not all of them malignant, and it is thought that four out of five skin cancers are preventable.

Malignant melanoma is the most aggressive form of skin cancer, which can spread and prove fatal unless treated early. It is commonest in women aged 30-60, but also affects younger people – among 34-year-old women it's the fourth commonest cancer.

un ban?

causes the release of heat shock proteins which break down connective tissues, leading to an increased risk of skin ageing and cancers," says dermatologist professor Nicholas Lowe at London's Cranley Clinic, author of *Skin Secrets* (Collins & Brown, £14.99).

Sun exposure in childhood is known to contribute to the risk of malignant melanoma. Some 80 per cent of our lifetime's sun exposure occurs before the age of 18 simply because children spend more time outdoors. Their skin is more vulnerable to DNA damage while it is still growing and it's for this reason that sunburn in childhood is thought to be one factor linked with an increased risk of malignant melanoma in later life.

Who's most at risk?

The fairer your skin, the higher your natural risk of skin cancer as it is rare in darker skinned races. Those at highest risk are people with Celtic looks – pale skin, often freckled, with pale eyes and red or fair hair or dark Irish hair. But anyone who burns easily – especially if they have a large number of moles or freckles – is at increased risk of skin cancer. Malignant melanoma is more common among younger people.

Protection

While sunscreens are an important way of protecting skin from sun damage, there is a danger of becoming over-reliant on them and spending much longer periods in the sun than you would otherwise do.

A report by the World Health Organisation found that people who use sunscreens may be more at risk from skin cancer than those who don't, simply because they're exposing themselves to the sun for longer periods. It's not just getting burned that contributes to skin cancer, it's also the length of time you spend in the sun, especially if your skin is fair and not "designed" for long periods of sun exposure.

Health campaigners have

Continued on P30 →

Linked with episodes of sunburn, especially in childhood, it's thought that occasional bursts of strong sunlight may be a trigger, since this cancer affects people who spend most of their lives indoors.

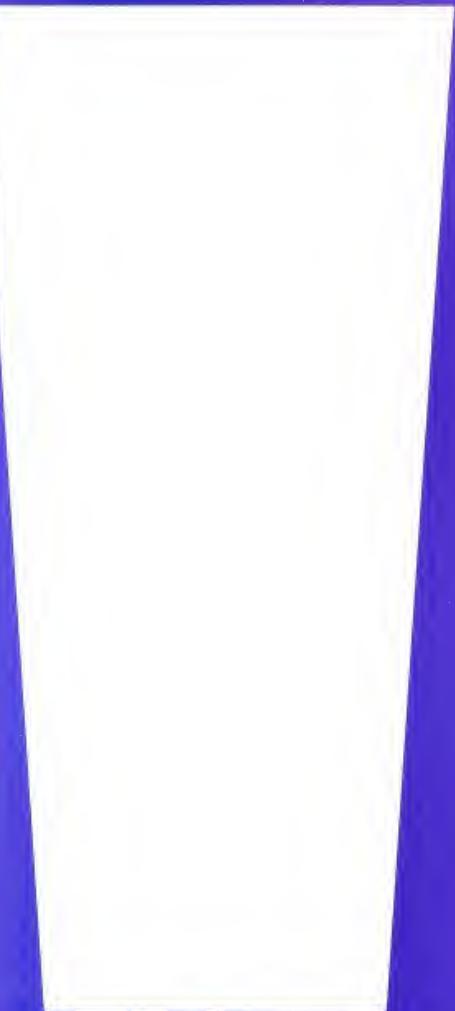
Basal cell carcinoma is the commonest form of skin cancer, accounting for around three-quarters of cases, and is curable in nine out of 10 sufferers. It is usually found in the over 50s and in many cases affects people who've lived an outdoor life. These cancers mostly affect the face and rarely spread or affect other organs.

Squamous cell carcinoma is the second most common type of skin cancer, and again occurs mainly in older people. It is linked with sun exposure over many years and, if left untreated, it can spread to other parts of the body and prove fatal.

Effects of sunlight

the way sunlight affects our skin is a complex process. UVB rays can penetrate deep into the epidermis and "cook" the skin cells, scorching and damaging their DNA and making cancerous changes more likely. This is sunburn. It also increases the production of free radicals which can damage the melanin-producing cells. It was once thought that UVA rays were mainly harmless and only responsible for premature skin ageing. Scientists now know that UVA rays contribute to sunburn too and can also damage DNA. Infrared rays were also believed to be harmless, but now scientists know this is not the case.

"Studies have shown that infrared destroys collagen, creates free radicals and

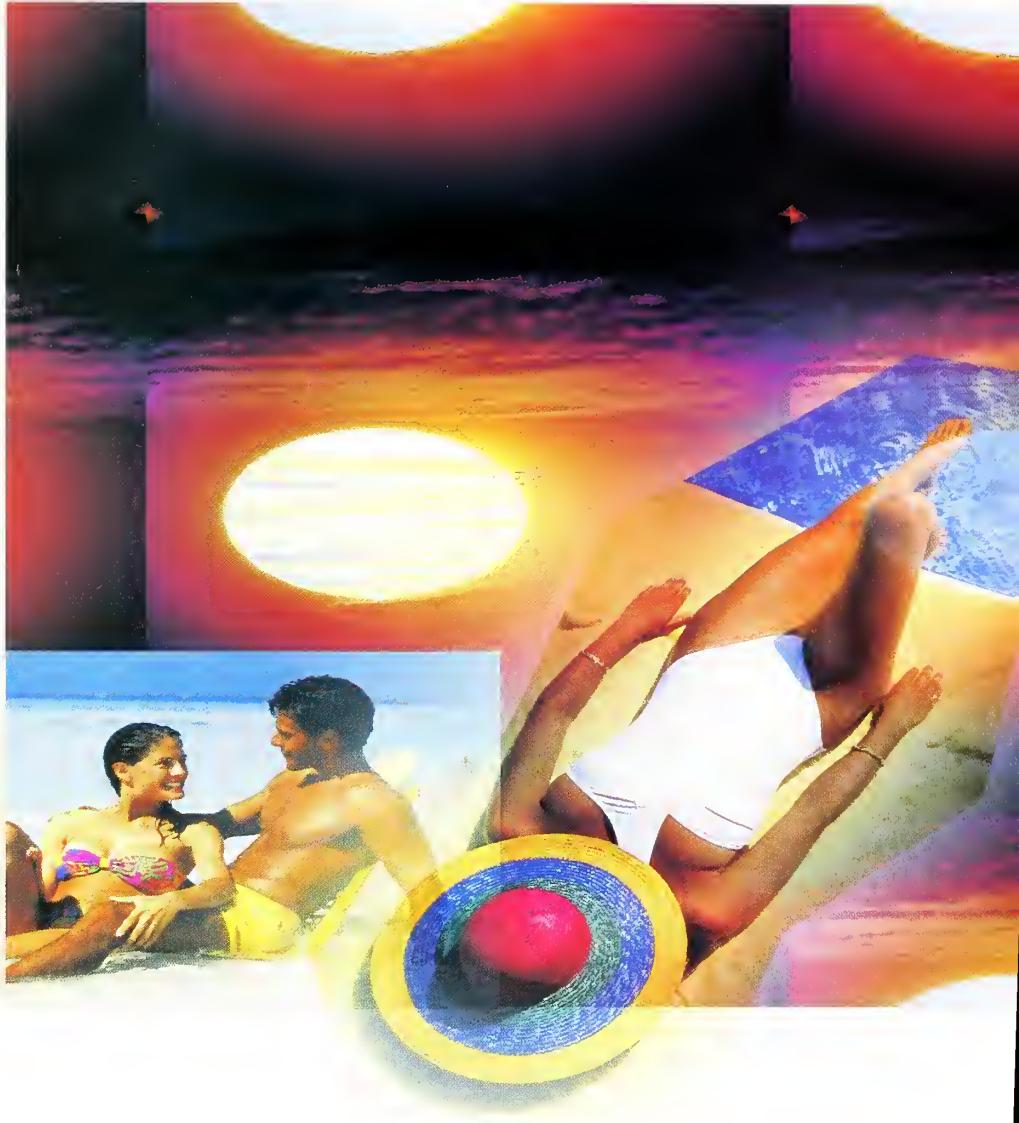


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www.imodium.co.uk



Sun sense advice

- Cover up with loose, cool clothing, a hat and sunglasses.
- Seek shade during the hottest part of the day, usually 11am-3pm.
- Apply SPF15 sunscreen generously to any exposed skin and reapply at frequent intervals.
- Keep babies under 12 months out of the sun altogether and apply SPF30 sunscreen to any exposed skin.
- Keep children covered up with loose clothing at all times. Make sure they always wear a hat and encourage wearing sunglasses.
- Limit the amount of time you spend in the sun in the middle of the day.

Continued from P29

shifted the focus of their sun protection message away from sunscreens as a primary method of defence in favour of covering up and

seeking shade. Wearing long, loose clothing to cover the skin, going indoors or seeking shade at the hottest part of the day, and covering any exposed skin with a high factor sunscreen are now advised.

To increase awareness, weather forecasts throughout the summer include advice about sun protection, giving an indication of the burning potential using the solar UV index system. The index ranges from 1 to 20, with 20 representing the maximum and 7 or 8 usually the highest level in the UK in summer.

Using sunscreens

While suncare manufacturers still provide SPFs from as low as SPF2 to as high as SPF60, speak to dermatologists and they recommend an SPF15 or higher for anyone, whatever their skin type. To be safe, recommend an SPF15 sunscreen with the maximum UVA rating, or an SPF30 for children and people with sun-sensitive skin.

Few of us apply sunscreen liberally or frequently enough for maximum protection – applying only a thin layer can actually halve the protection you receive. To cover an average adult you need 35ml of sunscreen – that's seven teaspoonsful – which should be applied 30 minutes before you go outside. As a guide, it should be reapplied every two hours, more often if you're in and out of the water.

The safest option

If you still can't live without a tan, the safest option is to fake it. Self-tans contain dihydroxyacetone (DHA), which reacts with the keratin protein in the outer layers of the skin.

How brown you go will depend on the colour of your skin to start with. If your skin is naturally pale, you may need several applications to achieve the colour you want.

- First, exfoliate your skin to make sure you get an even result, but don't have a hot bath as this can reduce absorption. Pay particular

attention to knees and elbows

- Apply the lotion evenly, massaging in gentle circular movements, and ensure it has all been absorbed
- Use sparingly on elbow and knees, as these areas tend to soak up more colour
- Wait at least 10 minutes before putting on a loose gown, and at least an hour before dressing fully. Wash your hands immediately after use
- To maintain your tan, reapply two to three times a week.

Turn to page 38 to test what you have learned in this feature. The questions are sponsored by



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Homoeopathy

Our look at alternative and complementary therapies turns the spotlight on homoeopathy, which is still one of the most enigmatic of the widely used alternatives.

Lesley Keen reports

Homoeopathy is a form of medicine which defies precise explanation, but continues to record success with patients.

The British Royal family are among its many devotees and the Queen Mother is even said to send the appropriate remedy when one of her much-loved racehorses is below par.

The word homoeopathy is from the Greek – homoio meaning similar and pathos meaning suffering — and is based on the principle of treating like with like.

Homoeopaths believe that a substance which, in large amounts, provokes certain symptoms in a healthy person has the power to alleviate those symptoms when given in small doses to a sick person.

The doses used in homoeopathy are very small indeed, as the medicines are diluted time and time again in a process called potentisation until, in potencies above 12C, not a single molecule of the active ingredient is detectable in the finished medicine.

Homoeopathy has caused great controversy over the years. Many scientists refuse to believe that a medicine so dilute can possibly have an effect, even though a homoeopath will say that the more a remedy is diluted the more powerful it becomes and very high potencies are not available for unsupervised self-treatment.

While the principle of curing like with like dates back many hundreds of years, it was the 18th century German scientist, Samuel Hahnemann, who developed homoeopathy into the therapy we know today.

Hahnemann, the son of a porcelain painter at the Meissen factory, was a brilliant scholar and linguist who used his ability with languages to support himself



Homoeopathic medicines: homoeopaths say that the more diluted a remedy, the more powerful it becomes

while he studied medicine.

But the rough and ready medical practices of the day horrified the young Hahnemann and for some years he withdrew from medical practice, unwilling to inflict more pain and suffering on his patients.

He supported himself by using his skill with languages and it was when he was translating a paper on malaria by a Scottish doctor that he hit upon the idea which became modern homoeopathy.

The doctor, Cullen, talked of using cinchona bark (from which quinine is derived) as a treatment for malaria because of its astringent effect on the stomach.

Hahnemann knew there were stronger astringents which were not as effective as cinchona and he realised that a healthy person who took a large dose of quinine would develop similar symptoms to those of malaria. He began to experiment, first on himself and then on others, taking doses of certain substances and noting the effect they had before using them to treat patients suffering from the appropriate symptoms.

Hahnemann noted, however, that the "cure" often provoked unpleasant

side effects and he set about finding a way of decreasing the dose to a point where the medicine remained effective but the side effects were eliminated.

He also found that certain types of people and certain symptoms responded well to certain medicines and realised it was essential to take account of the whole person when prescribing these new medicines.

How homoeopathic remedies are made

Homoeopathic medicines start with an alcohol-based "mother tincture" — a

solution usually created by steeping the substance in alcohol for a month.

A single drop of the mother tincture is added to 99 drops of alcohol/water and the solution is rapped sharply on a hard surface for a set period of time — a process called succussion. This is believed to transfer the "imprint" of the active ingredient on the mixture.

One drop of this diluted solution is then added to 99 drops of alcohol/water and succussed and the process is repeated the required number of times. When you buy a homoeopathic medicine over the counter it is usually a 6C or 30C potency and this means that the dilution and succussion has been repeated six times or 30 times.

When the medicine is presented as a pill or tablet, a measured amount of the required potency is added to lactose tablets.

Because homoeopathic medicines are so heavily diluted, they have no side effects and can be used in conjunction with other medicines, though customers should always let their doctor or pharmacist know of any medicines they are taking.

Available on the NHS

Homoeopathy arrived in England in 1832, when Dr Hervey Quin, who had himself consulted Hahnemann, began treating patients. He became the first president of the British Homoeopathic Society in 1844 and the first homoeopathic hospital was founded five years later. Today homoeopathy is available on the NHS and there are a number of homoeopathic hospitals in the UK, to which patients may be referred by their GP. These hospitals often have particular success in treating chronic ailments.

Homoeopathy is one form of medicine where the customer often needs help in selecting the appropriate remedy. While there are a number of "universal remedies" — such as arnica for bruising — you should always match the symptoms to the patient, as two people with identical symptoms may need different remedies.

The leading manufacturers offer information for consumers and health professionals to help ensure the right choice is made and is also helpful to keep a list of local homoeopathic doctors in the pharmacy for staff and customers who want to go into the subject more deeply.

The Cambridge Counterpart training course for pharmacy assistants is sponsored by Whitehall Laboratories and Chemist & Druggist



These articles on thrush and pre-menstrual syndrome on the following page are extracts from the eleventh module of the Chemist and Druggist Cambridge Counterpart training course for

pharmacy assistants. Other topics covered in the full Women's Health and Contraception module are the monthly cycle, toxic shock syndrome, fertility tests, pregnancy testing, the menopause, breast care, cystitis and contraception.

We are including selected extracts from the course modules together with sample questions in OTC to give you an idea how the course is structured. However to meet the standards of the Royal Pharmaceutical Society of medicines counter assistants, you will need to register for the whole course with its associated telephone marking system. Full details of how to join the course appear below.

Cambridge Counterpart is a course designed to train pharmacy assistants to Royal Pharmaceutical Society standards. This 14-part modular course is delivered by Chemist & Druggist and Whitehall Laboratories and has been accredited by the College of Pharmacy Practice.

Modules covered by the course include Summer Healthcare, Coughs and Colds, Skin Disorders and Healthy Lifestyles. Each module comprises a 5-page learning document for use by up to four assistants, together with individual assessment sheets and case studies. The pharmacist acts as the tutor, providing feedback for the assistant and help with the case studies. A pharmacist briefing pack supplied with the course contains summaries of each module, together with guidance on tutoring.

After completing each module and its corresponding assessment, the pharmacy assistants can register their scores using Chemist & Druggist's telephone marking system. The telephone marking system allows up to two test opportunities for each module and provides instant results on the phone. The scores are logged and stored on computer, and a letter with your scores is sent to you when you have completed the course. Your pharmacist is then asked to 'sign you off' before you receive your College of Pharmacy Practice certificate.

A complete set of training modules, together with assessments, case studies and briefing pack costs only £17.63 (inc VAT) and can be used with up to four assistants. Each assistant must register for telephone marking and College of Pharmacy Practice accreditation, at a cost of £29.38 per person. To register for the course, fill in the form opposite. Your pack will be sent to you within 7 days.

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TEST YOUR UNDERSTANDING – SAMPLE QUESTIONS

Only tick the boxes that are **correct** statements or **correct** answers to customer questions.



1. 'My teenage daughter thinks she may have thrush. Is there an oral treatment available that will deal with this?'



2. 'Is it true that evening primrose oil will quickly resolve my symptoms of pre-menstrual syndrome?'



3. 'Thrush is a sexually-transmitted virus which can be effectively treated with pessaries and creams.'



4. 'I've only got mild thrush. Is a cream the best treatment?'

REGISTRATION FORM

Pharmacist

Pharmacy

Address

.....

Post Code

Telephone Fax

Course registration fee is £29.38 per person (inc VAT)

Name £

Sub total £

Please include () complete

sets of Counterpart modules 1–14

at £17.63 each (inc VAT) £

Total £

Make cheques payable to United Business Media International Ltd and send to: Mary Prebble, Pharmacy Editorial Projects, Chemist & Druggist, Sovereign House, Sovereign Way, Tonbridge TN9 1RW

PREMENSTRUAL SYNDROME



Hormonal changes can affect how women feel emotionally and physically. Premenstrual syndrome – or the “monthly blues” – is a collection of symptoms which start in the run-up to menstruation. No-one knows the exact cause, but it may be linked to fluctuating levels of oestrogen and progesterone. Some experts believe diet may be involved.



Symptoms: Physical symptoms include bloating, fluid retention, swollen or painful breasts, skin problems, headaches and dizziness. Emotional symptoms include bad temper, aggression, anxiety or panic, food cravings, loss of concentration, insomnia, tiredness and depression.

The timing distinguishes PMS from other conditions. Writing down the symptoms in a diary for a few months can help a woman decide if they relate to her monthly cycle. True PMS occurs every month, from two to 14 days before the period, and there should be at least seven symptom-free days after menstruation.



Treatment: The first step is to try some lifestyle changes as suggested under Advice.

Some but not all women benefit from food supplements such as magnesium, B vitamins, evening primrose oil and starflower oil. Research has shown these products have differing rates of success, so try not to give the impression they always work.

Evening primrose oil (EPO) and starflower oil protect against low levels of the essential fatty acid GLA (gamma linolenic acid) which may lead to an abnormal sensitivity to female hormones. The GLA products may take up to three months to work, as they correct possible deficiencies in the way the body converts fats in the diet. Four to six 500mg capsules a day of EPO has been recommended throughout the menstrual cycle; some women may benefit from taking supplements for a few days before symptoms are expected until menstruation is well under way. EPO should not be taken by people with epilepsy.

A simple analgesic may be recommended for pain (see Module 2.4).

For fluid retention, the sufferer could try a mild diuretic such as ammonium chloride with caffeine tablets, but these should not be taken for more than five days in any one month. There are also some licensed herbal remedies; ask your pharmacist which he recommends.

Severe PMS sufferers may benefit from hormone treatments, such as the pill, prescribed by a doctor.



Advice:

- Try to eat a healthy diet with several portions of green vegetables and fruit every day. Avoid “junk” food and cut down on or eliminate animal fats.
- When symptoms are due, try cutting down on alcohol. Eating less salt may prevent fluid retention, and avoiding caffeine may decrease anxiety and sleeplessness.
- On PMS days, eat small snacks of carbohydrates such as bread, fruit and vegetables every two to three hours, but avoid high sugar foods as these can make blood glucose levels swing too dramatically, causing tiredness.
- Take time to relax each day; techniques such as yoga may help.
- Try to avoid stressful situations and get plenty of sleep.
- Regular exercise, even though you don't feel like it, helps to increase well-being.
- Let family and colleagues know you have off-days. They may dread them as much as you and be only too keen to help!

Refer to pharmacist:

- Women who ask if supplements are likely to help.
- If the above suggestions do not work.



THRUSH



Many women suffer from vaginal thrush (candidiasis), which is an infection caused by *Candida albicans*, a fungus-like yeast. The yeast is often present in the mouth, vagina or gut and only causes symptoms when it starts to grow too much. Usually, the acidic conditions in the vagina and protective bacteria help prevent this overgrowth.

Sometimes the balance is upset as a result of hormonal changes such as pregnancy or menstruation, weakened immunity or poorly-controlled diabetes (when there may be too much sugar in the blood and urine). Antibiotics can cause thrush because they kill the “good” bacteria which normally keep the yeast under control. Steroids and oral contraceptives may also be to blame.

Some women get regular attacks and it is thought that the yeast can survive deep in the vaginal tissues. Thrush is not regarded as a sexually-transmitted disease, as women can still get it even if they never have intercourse. But a woman can pass the infection on to her partner who may re-infect her even if he does not suffer from the symptoms himself.



Symptoms: Soreness and itching in and around the entrance to the vagina, accompanied by redness and swelling

and an odourless, thick, curdy, white discharge. There may be stinging when passing water or during intercourse.



Treatment: Anti-fungal treatments are the best as they stop the growth of *Candida albicans* without affecting the protective bacteria in the vagina. Clotrimazole, econazole and miconazole are available as topical preparations, while fluconazole comes in a single dose capsule to take by mouth. The full course must be finished (see packs).

Creams give immediate relief from itching, but pessaries should be used as well to attack the yeast which is inside the vagina. Creams can also be used by the male partner, but this is not always necessary – it is best for women who keep getting thrush to ask their doctor's advice first.

Women who find creams and pessaries messy or inconvenient may prefer oral fluconazole. Fluconazole starts working as soon as it is absorbed, after two hours, and improvement is usually felt within 24 hours.

There is some evidence that, because it acts throughout the body rather than locally, it attacks yeasts buried deep in the vaginal wall.

As these products have recently changed from prescription only to P medicines, your pharmacist might wish to be closely involved with their sale.



Advice:

- Candida can be carried from the bowel to the vagina, so wipe from front to back after going to the toilet.
- Avoid tights and tight jeans as they produce warm, moist conditions which encourage the yeast to grow. Cotton underwear is better than nylon.
- Try not to damage the vagina, for example during intercourse, by rubbing with towels or by scratching. Sanitary towels may be better than tampons.
- Perfumed soaps, antiseptics, bath additives and vaginal deodorants may change the natural acidity of the vagina and upset the balance of micro-organisms.

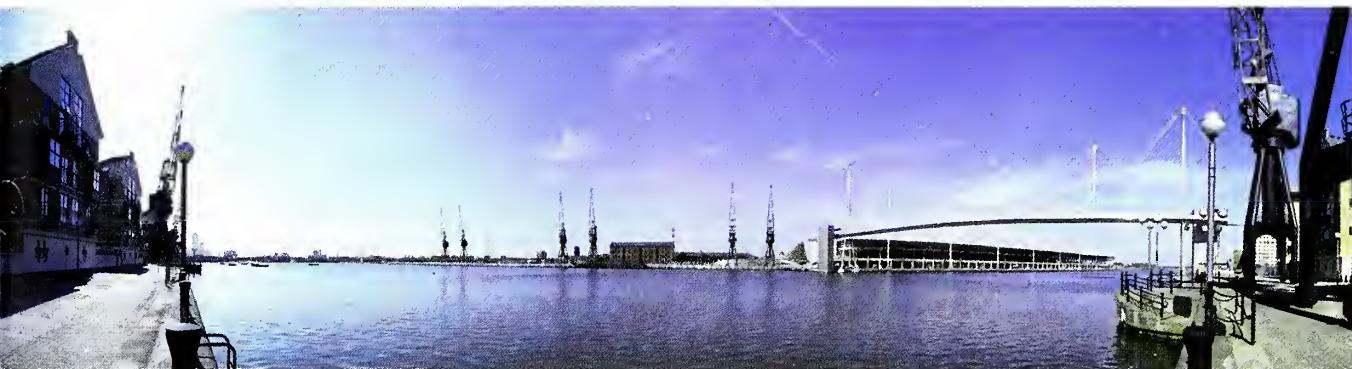
Remember that women may be embarrassed or depressed about having thrush, so try to be discreet and sympathetic.



Refer to pharmacist:

- First-time sufferers.
- Women who are pregnant or breast-feeding.
- Girls under 16; women over 60.
- If there is no improvement after seven days treatment.
- Discharge which has an unusual colour or smell or is blood-stained.
- Sores or blisters around the vagina.
- Previous attacks of a sexually transmitted disease or a partner with STD.
- More than two attacks in six months.
- Pain in the lower abdomen.
- Burning when passing urine.
- If the woman is taking medicine other than the pill.
- Women with diabetes who get thrush.
- Previous reactions to vaginal thrush treatments.

Chemex 2001 - combining work with a great day out!



you'd like to see the very best products and services your pharmacy, meet and talk to other pharmacy assistants from all over the UK – and enjoy a great day out.

September 9 and 10 are the dates to mark in your diary. Chemex 2001 covers the whole spectrum of pharmacy goods and services from health and beauty to OTC and prescription medicines and just about everything in between! And it's all brought together under the ultra-modern roof of the stunning ExCeL Centre, the purpose-built exhibition centre beside the Thames, in London's Docklands.

If your pharmacy manager is going, why not ask if you can go along too? It will be an educational experience for you both. If your manager is unable to go, why don't you ask if you can go on behalf of the pharmacy?

ExCeL offers superb facilities, with plenty of on-site parking, excellent road and public transport links to central London and the rest of the UK, airy exhibition halls, and first-class catering facilities. When exhibitors had their first chance to see the new venue for Chemex at a special ExhibitorWise Day at the ExCeL Centre they were delighted.

"We knew ExCeL was an exciting new venue and that excitement and enthusiasm was shared by the exhibitors who met the Chemex 2001 team and toured the centre," said exhibition manager David Morgan. He said: "Chemex 2001 is generating a great buzz among exhibitors and visitors alike. Pharmacy is

undoubtedly facing many challenges, but this will be an inspiring show for everyone connected with the profession."

And to add to the prestige and interest of the show, the National Pharmaceutical Association has chosen Chemex 2001 as the venue for its inaugural conference on September 9, when members will have the chance to debate the conference theme – "Health professional or High Street retailer?"

Among the other highlights of the show are:

- A focus on continuing professional development for pharmacists and pharmacy assistants, with a special area devoted to professional development.
- The Miles Group, exhibiting at Chemex for the ninth consecutive year with products from eight healthcare manufacturers.
- Tisserand Aromatherapy with a chance for visitors to see new and recently launched products, including Rejuvenating Foot Soak and Reviving Foot Lotion; Mind Unwind and Muscle Ease bath oils; Awaken and Rejuvenate shower gels and Relax, Refresh and Indulge bath soaks.
- Intec Laboratories, which exhibited for the first time last year on the Miles Group stand, is back with a stand of its own. The company would be showing the De Valle aromatherapy products and its film and single-use cameras.

- The Day Lewis Group, exhibiting at Chemex for the first time, showcasing a brand new partnership initiative – and the

company's concept of the pharmacy for the 21st century. The company has chosen Chemex 2001 to introduce its Day Lewis Partnership, offering a wide range of benefits for members and to launch a model store concept which the group is developing in conjunction with Rapeed Designs shopfitters.

● Arkopharma, the phyto medicines specialist, is exhibiting at Chemex for the first time and will be launching some new products in the organic juices range, something new for the children's market and a new product in the Phyto Soya range.

● Pharmadass is back with a bigger and better stand on which the company will be showing its range of HealthAid branded products and Pharmadass agency lines and offering supplies of its new HealthAid consumer guide, which lists all the HealthAid products as well as giving consumer advice on how to store and take supplements. Among the company's latest products are: HealthAid Herbal Lifestyle Liquids; HealthAid Hip & Thigh Formula, Maxi-Lean CLA and Super Orange flavour Emer'gen-C mix drink.

● Sleek Cosmetics, the range for women with darker skins, will be highlighting the recently launched Natural Cover

Foundation and showing the rest of its cosmetics range.

CBS Genios has the largest stand at the show, and the company brings together many leading suppliers to showcase new lines in the toiletries market.

Registration for the show could not be easier. You can register by telephone on 0870 429 4500, by fax on 0870 429 4501 or online via the Internet. Just log on to the site – www.chemex2001.com – select Visitor Info and click on the Register button to go direct to the registration form where you fill in your details. One more click submits your request.

The Chemex 2001 website also gives an up-to-date list of exhibitors, Chemex news and details about this year's venue beside the Thames in London's Docklands. You will find information on ExCeL's superb facilities for visitors and exhibitors and on easy access to the centre by road, rail or air.

So make sure you join us for the biggest two days in the pharmacy year in a brand new venue which has so much to offer.

You'll learn more about the products and services your pharmacy sells and have a chance to meet the team who produce OTC and *Chemist & Druggist* – and tell us what you think about the magazines.

See you there!

Inspiring
Chemex 2001
ExCeL • London

The cash economy

The last customer has left, the door is locked – now it's time to cash up. John Kerry has advice to make the last job of the day as simple and straightforward as possible

You know it has been a good day when, after a busy day for sales, there have been no queries about short change from customers and the money in the till drawer balances perfectly with the till roll total.

Perfection, or as near as you can get with a till.

Because there are many types of till in use, from the old mechanical sort to the latest technologically advanced EPoS machine, we will deal with the straightforward task of

cashing up, using the total balance at the bottom of the till roll and the contents of the till drawer.

End of Day Routine

When the shop door has been locked and the closed sign is displayed, the till or tills can be safely cashed up. The total button is pushed and the till churns out the story of the day, showing various departmental totals, assistant totals, credits etc and a final gross total of all transactions. This final total

should equal the cash taken during that day. To verify this the notes, coins and cheques are counted. For our purposes it is assumed that credit card and debit card purchases are not transacted in this till.

Step one: remove the till drawer and empty the entire contents on to the bench together with any monies removed from the till to the safe during the day for security purposes, separating cheques, bank notes, and coin

denominations into piles, as they were in the till drawer compartments. Put the till drawer and compartments back into the till.

Step two: the float. Floats vary from as little as £15.00 to as much as £50.00. Your till will have a predefined float, and this amount will have been in the till at the start of the day. Assuming that it was £25.00, this amount must first be separated from the takings and counted back into the till drawer.



Jason Remmison

Common sense tells you that the float is best made up with a variety of smaller notes and a selection of coins, allowing you to give change to the first customers to present bank notes at the start of business next day.

Example: £25.00 till float

£5.00 notes	£10.00
£2.00 coins	£4.00
£1.00 coins	£6.00
50p coins	£2.00
20p coins	£1.00
x 10p coins	£1.00
x 5p coins	£0.50
x 2p coins	£0.40
x 1p coins	£0.10

Step three: cash count. Each till should have a till record book, normally a small notebook in which you can record the takings for each day. A separate page for each day, a separate line for each bank note or coin denomination, starting at the top of the page with £50.00 notes, down to 1p coins.

Put the £50, £20, £10 and £5 notes into separate piles, count each pile and enter the amount for each in the till record book. Coins are best made into piles for easy counting, £10.00 for larger coins, £5.00 for 50p coins, £1.00 for 20p etc.

Count each denomination of coin and again enter the amount in the book. Add the columns up to reach a cash total for the day.

Using a calculator add up the amount of each cheque in the till and enter the amount under the cash total in the till book. It is not normally necessary to record each individual cheque, as this is done when the paying in book is being prepared before banking.

Add the cash and cheque sums to reach a final total. Enter the till roll total beneath; any difference should be recorded. Finally the page should be initialled by you and, if required, endorsed by the proprietor.

Example: Till record book page

Tuesday 12th May 2001		
Till One		
£50 notes	1	£50.00
£20.00 notes	5	£100.00
£10.00 notes	17	£170.00
£2.00 coin	22	£44.00
£1.00 coin	68	£68.00
£0.50 coin	22	£11.00
£0.20 coin	37	£7.40
£0.10 coin	45	£4.50
£0.05 coin	33	£1.65
£0.02 coin	41	£0.82
£0.01 coin	57	£0.57
Total cash		£457.94
5 cheques		£87.23
Today's total		£545.17

Till roll total	£545.17
Difference	£0

Initials of member of staff.

Step four: preparation for banking. Bag up all the coins in the appropriate bags supplied by the bank, loose coin in separate bags clearly marked "mixed coins", notes clipped or banded in separate denominations and cheques clipped together.

All coins, notes and cheques, together with the completed bank book and till roll print out to be presented to the manager so he or she can complete the "day book" and the bank paying-in book.

When the totals do not balance

Perfection is rarely achieved first time every time and when the "today's total" in the till record book does not match the till roll read-out, the following steps need to be taken to discover where the error is:

- recount the float
- count up the cash again and check the additions in the till record book
- invariably cash is moved from the till to the safe more than once during a busy day. Check the safe for bags of removed cash that may have been missed first time
- check the till roll for over-rings and/or under-rings. Every one of either of these that was noticed at the time should have been initialled by the assistant and endorsed by a supervisor
- check the till roll for "wrong change" possibilities. Transaction errors of £5 or £10 are normally spotted, although it is often too late to do anything about them, particularly if the customer is not a regular.

A till with an "amount tendered" facility – providing that it is used – will help prevent problems of under or over-ranging or wrong changing occurring.

The vast majority of transaction or addition errors will be discovered by one of the above checks. Additional problems in balancing the cash taken against the till roll total can and do occur if your shop engages in certain bad practices. These are some that should be avoided:

- never leave the till open between transactions
- never leave the till unlocked when there is no member of staff at the till point
- never use the till as a petty cash box to pay for such things as milk or perhaps to pay the window cleaner. In an emergency, when there is not enough in petty cash,

make sure that a clear note is written and placed in the till, to be taken account of when cashing up.

- never use the "no sale" button for any transaction
- never try to correct an over or under-ring by adding or subtracting the amount from the next customer transaction
- do not offer a change service from the till for customers or non-customers wanting coins for the parking meter, telephone etc. If you offer this service, keep enough change in petty cash for the purpose.

Secure Practice

Human error in transactions and calculations can mostly be accounted for and corrected. To help prevent the risk of theft at cashing-up, the following safety practices should be observed:

- always lock the shop front door before cashing up
- switch off the main shop lights
- don't cash up in the shop, carry the till drawer into the dispensary to cash-up
- ensure that the takings are out of sight of the window.

In order that everybody can leave on time the cashing-up procedure is often carried out some 15-30 minutes before the shop is closed. If this happens in your shop, keep to the secure practices above. The till that you are cashing up will be out of use for that period.

Nothing spoils a good trading day in the shop more than a till which doesn't balance. Good cashing-up practice, coupled with careful handling of cash transactions during the day will help ensure that everybody, particularly the proprietor, can leave the pharmacy on time with a smile on their face.



Test your knowledge

Our research has shown that OTC readers are keen to update their knowledge and you have already done that by reading the features in this issue. Why not check how much you have learned by taking this simple test?

TRAVEL

1. Apart from taking the appropriate medicine before travelling, which of these measures helps minimise the triggers of nausea?

- a) reading
 - b) having a heavy meal before travelling
 - c) fixing the eyes on a distant object, such as the horizon
2. Cold sores can be triggered by:
- a) air travel
 - b) ultraviolet light
 - c) unaccustomed food and drink

3. If you are stung by an insect and the sting is left in the skin, you should:

- a) squeeze the sting out
- b) leave it where it is
- c) ease the sting out and apply a cold compress

4. As well as using flight socks, travellers who may be at risk of DVT should:

- a) walk up and down during the flight
- b) carry out simple exercises in their seat
- c) avoid diuretics such as alcohol, tea

and coffee

5. If they are going to a malarial area, customers should be advised to:

- a) take the full course of the appropriate medicine at the correct dosage
- b) cover up, especially at dawn and dusk
- c) use a good insect repellent



PREGNANCY

1. How many births are unplanned?

- a) one in two
- b) one in three
- c) one in five

2. Women who continue to smoke before and during pregnancy may:

- a) give birth to lower birthweight babies
- b) have a greater risk of complications at birth
- c) have a higher risk of miscarriage and premature birth

3. Folic acid is important to mothers-to-be as it can help reduce the risk of babies being born with:

- a) neural tube defects such as spina bifida
- b) learning difficulties
- c) low birthweight



4. The optimum time to avoid taking any medicines if possible is during:

- a) the first three months of pregnancy
- b) the third to sixth month
- c) the final three months

5. Many women experience thrush during pregnancy. If a pregnant woman asks for thrush treatments, you should:

- a) sell them to her if she has had thrush before
- b) refer her to the pharmacist
- c) refer her to her doctor to establish the cause

SUN PROTECTION

- 
1. How many people in an ICRF survey said they used no sun protection?
- a) 10 per cent
 - b) 14 per cent
 - c) 20 per cent
2. How many new cases of skin cancer are diagnosed each year?

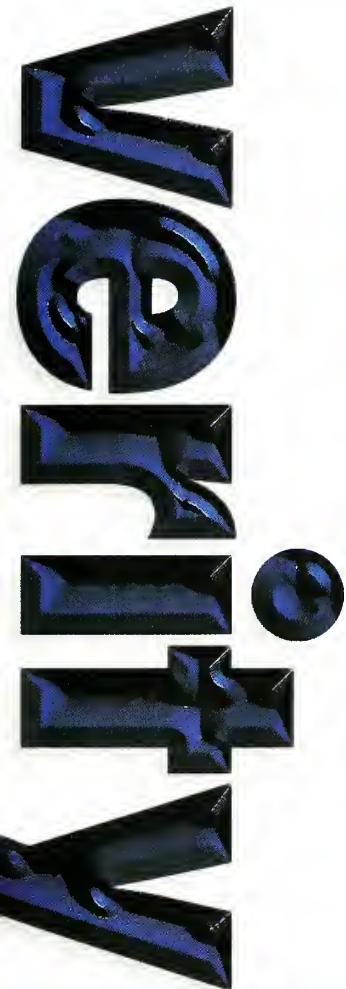
- a) 6,000
 - b) 26,000
 - c) 46,000
3. The most aggressive and potentially fatal form of skin cancer is:
- a) malignant melanoma
 - b) basal cell carcinoma
 - c) squamous cell carcinoma

4. Those at highest risk of skin cancer are:
- a) people with pale or freckled skin and red, fair or dark Irish hair

- b) those with olive skin, dark hair and dark eyes
- c) people of Afro-Caribbean origin

5. The average amount of sunscreen needed to cover an adult adequately is:
- a) 15ml
 - b) 25ml
 - c) 35ml





When I returned to work this week after a lovely holiday in Spain, I was amazed at the drop in sales on some of our most popular over-the-counter medicines.

I discovered our local supermarket, about half a mile away, has cut the price of some of these medicines by half.

For three days I have not sold any Calpol or Nurofen at all, which makes me wonder how we are going to encourage people to use their local pharmacy.

Maybe a notice in every pharmacy window which reads: "Use us or lose us" would make an impact.

After all, we don't want the local chemist's shop to become a thing of the past, as it's a very convenient way for people to seek advice about health problems, and the medicines they buy.

Recently, I noticed an advertisement in my local paper which asked diabetics to bring their blood glucose meters to a local pharmacy to have them checked free of charge. It said a specialist would be on hand to examine and test each meter to make sure it was accurate. What an excellent service – I can't say I have noticed the supermarket offering this sort of healthcare.

We have all heard of the television show *Pets Win Prizes*. Well, we hope to discover that pets also mean profits. Did you know there are an estimated 14 million cats and dogs in Britain and that half a million cat or dog owners visit pharmacies every day?

Strappy sandals, mules and slingbacks put feet firmly in the fashion spotlight this summer.

But a survey carried out on behalf of footcare specialist Scholl revealed that

many women dread exposing bare feet.

Thirty-seven per cent of women interviewed said they would wear more open-toed shoes if their feet looked better.

Now Scholl has developed a simple, four-step home pedicure to keep feet looking good throughout the year.

The first step is to smooth your feet, removing rough skin with Scholl Rough Skin Remover (£3.25).

Next, moisturise and tone feet by massaging them with Scholl Deep Moisturiser (£3.89), which gives an immediate 80 per cent increase in hydration which lasts 24 hours.

The third step is to deodorise with Fresh Step Spray (£2.99).

Finally, revitalise tired feet with Revitalising Gel (£4.49) and Revitalising Spray (£4.79).

Now OTC readers have the chance to try the Scholl pedicure themselves. We have 20

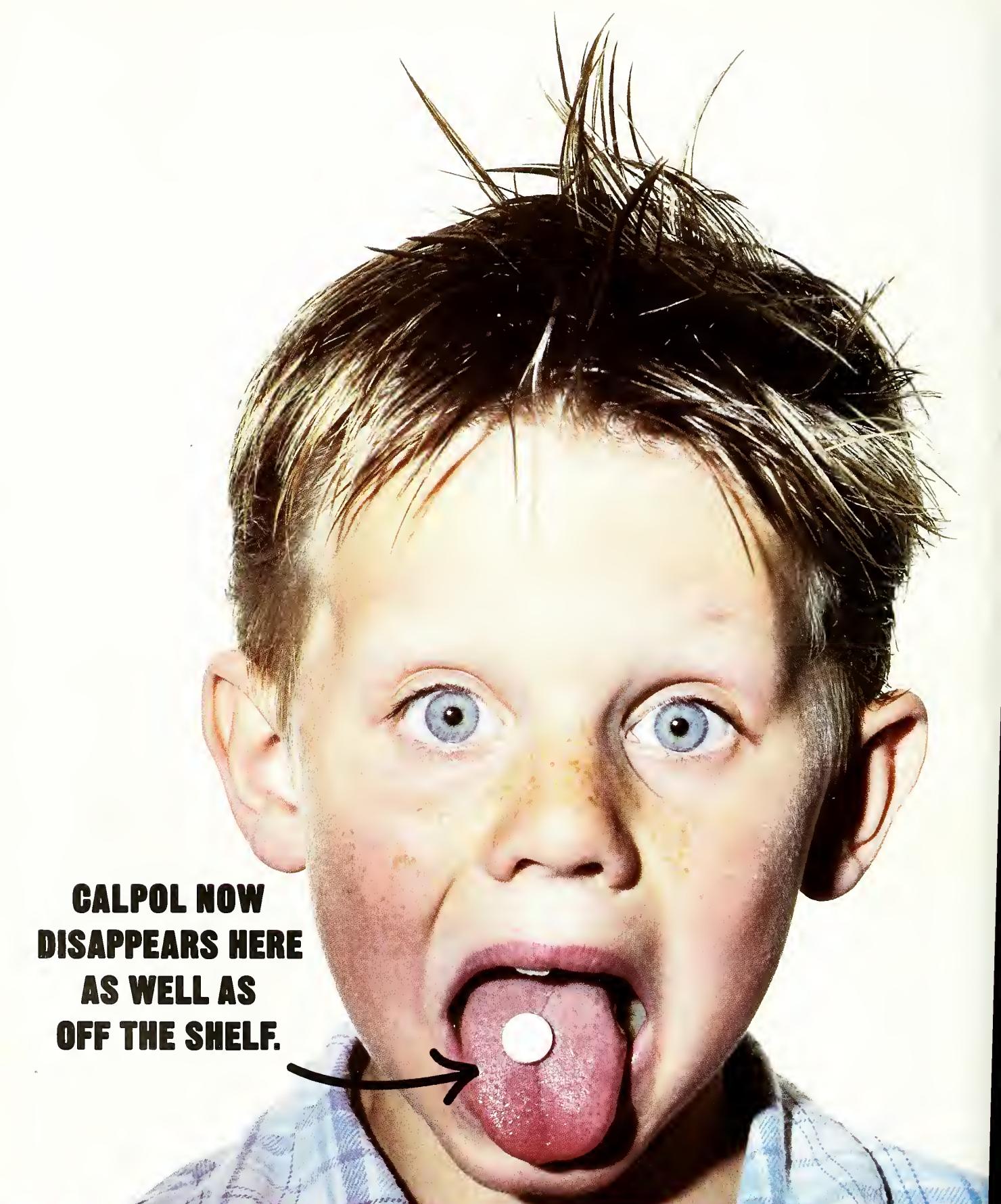
pamper packs to give away, each containing a miniature version of the Scholl Rough Skin Remover, Deep Moisturiser, Fresh Step Foot Spray and Revitalising Gel in a Scholl bag.

For your chance to give your feet a summer treat, send your name and address on a postcard or sealed envelope to: OTC/Scholl offer, Sovereign House, Sovereign Way, Tonbridge, Kent TN9 1RW. Entries should arrive by August 31.



We were told that once local people realised we stocked these products, they would certainly be interested in buying them.

Maybe this new enterprise will help us to bite back some of the profits the local supermarket has taken from us!



**CALPOL NOW
DISAPPEARS HERE
AS WELL AS
OFF THE SHELF.**

Calpol has always had a reputation for doing a disappearing act from pharmacy shelves. Now, for our next trick, we're introducing new Calpol Fast melts. Calpol Fast melts are individual 250 mg doses of paracetamol in a strawberry flavoured tablet that dissolves on the tongue, without water, in seconds. Specially developed for children aged 6-12, we're giving them the support of a massive national TV advertising campaign. So it won't be long before the Calpol Fast melts name will be on the tip of everyone's tongue. Better still Calpol Fast melts are exclusive to pharmacy shelves. So Mums will only find them in one place. Yours.

Contains Paracetamol



PRESERVATION: Orodispersible tablet containing 250 mg Paracetamol. USES: Treatment of mild to moderate pain and as an antipyretic. DOSAGE: Children 6-12 years: 1-2 tablets; Over 12 years: 2-4 tablets. Repeat dose every 4 to 6 hours if necessary. Not recommended for children under 6 years. Under 6 years: Not recommended. CONTRA-INDICATIONS: Hypersensitivity to phenylketonuria. PRECAUTIONS: Caution in severe hepatic or renal dysfunction. SIDE AND ADVERSE EFFECTS: Rarely hypersensitivity including skin rash. £1.99 (€1.64 excl. VAT) 24s £3.39 (€2.79 excl. VAT) LEGAL CATEGORY: P. PL. HOLOER: Warner Lambert Consumer Healthcare, Eastleigh, SO53 3ZQ. PL NUMBER: 15513/0082. DATE OF PREPARATION: June 2001.